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THE  
MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY  
ALFRED C. POPE, M.D.,  
AND  
D. DYCE BROWN, M.A., M.D.

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*VOL. XXXII.*

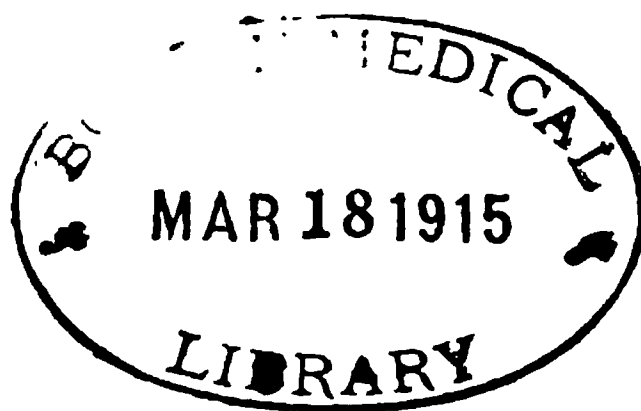
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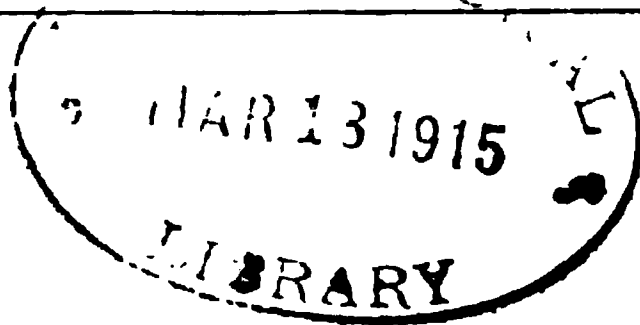
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THE MONTHLY

## HOMŒOPATHIC REVIEW.

—:o:—

**ELECTRO-CAUTERY: ITS APPLICABILITY TO NASO-PHARYNGEAL, AND OTHER MALADIES; WITH ILLUSTRATIVE CASES, AND MORBID SPECIMENS.\***

By **WALTER T. P. WOLSTON, M.D., Edin.**

OF all the remedies which nature has placed in our hands to combat disease, and benefit the sufferer, it may be well doubted if there be any so many-sided, and far-reaching, as the subtle and really incomprehensible force we term electricity. Each day reveals some new feature of its service to the sick. Is the doctor wanted, the willing fluid, by telegraph or telephone, summons him, and the electric bell his carriage. Arrived at the bedside, it will, if invoked, light up, not only the room wherein the patient lies, but every cavity of the body, should occasion so demand. The ear, the nose, the throat, and larynx, the rectum, vagina, womb, and bladder cease to be chambers of darkness, where the enemy—disease—may work his will unseen; and, should the abdominal cavity need introspection, its deepest recesses are laid bare by the tiny, but brilliant light, which germless fingers can now introduce.

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\* Read before the British Homœopathic Society, December 1st, 1887.

The evolution of light, however, plays but a small part in the rôle of services the electric fluid renders. Gather it up from a series of cells, arranged in tension, and its continuous current will ease an inflamed and crying nerve, arrest an uterine hæmorrhage, melt a bleeding fibroid that threatens to destroy life, discuss a peri-uterine phlegmon, or put an end to an extra-uterine foetation. Break up the current, which a single cell evolves, and a paralysed muscle begets new life, and vigour, in answer to the faradic stimulus applied to it. Link up your cells in quantity, or, better still, store up, in portable accumulators, the invisible fluid river which a dynamo emits, and you have a practically inexhaustible reservoir of latent force, which, in the moment of its liberation, supplies you with cautery power to any extent. Between your reservoir and your electrode introduce a resistance coil, or rheostat, and you have the means of controlling your agent absolutely, so that you can singe a hair merely, or amputate a resistant mass at pleasure.

It is of this last application of electricity that I wish to briefly discourse, and demonstrate, by a few illustrative cases, its value to the practitioner in dealing with many of the minor surgical ailments which crop up in daily practice.

### 1. LUPUS VULGARIS.

Let us first look at lupus. Not infrequently met with in its various forms, it is a malady which, I doubt not, has tried our utmost patience, and baffled our best skill. Markedly a disease of childhood, or commencing then, it is of great importance to deal with it radically at the outset, specially when occurring in the face, a most frequent site.

In *lupus vulgaris* the skin is penetrated by a specific virus, at present still unknown, but suspected to be identified with the bacillus of tuberculosis, of which Professor Neisser believes it to be a partial manifestation. A chronic cutaneous disease, consisting of small patches of infiltration into the tissue of the skin, one nodule—which has been termed the “primary efflorescence” of lupus—becomes the focus whence, by peripheral extension, the disease spreads, the original nodule perishing by slow absorption, or ulceration. The surgeon’s object then must be—while not neglecting constitutional

measures—to destroy the first appearance of the apple-jelly coloured nodule so indicative of the disease.

Nelly H., æt 6, a rather strumous looking child, was brought to me in May, 1884, suffering from a lupus patch on the left cheek, extending from the side of the nose outward. It was nearly circular, the size of a half-penny, had existed three years, and grown steadily in spite of various local applications. Recognising the value of Vidal's treatment—*scarifications lineaires quadrillées*—I practised it regularly every fortnight for two years—always, of course, placing the child under chloroform. Each cutting healed rapidly in a week, the disease ceased to spread, and considerable shrinkage followed.

There were, however, four nodules which resisted all my efforts to destroy them by cross-cutting, so in July, 1886, I determined to cauterise every remaining particle. This I did, under chloroform, letting my electrode—which I show you—eat its way down at least three lines into the soft tissues, at four different points. I then painted the eschar with flexible collodion, which fell off at the end of a fortnight. Nothing more was done for nine months, when a little apple jelly reappeared at one point. A second cauterisation took place. A year has elapsed nearly, but no re-appearance of the disease is manifest, and the cautery has left no scar, beyond that always visible in a healed lupus patch.

## 2. ULCUS SEPTI.

Passing now to the diseases which affect the nasal passages, I name, *in limine*, as indeed, locally, it is situated, ulcer of the septum. If we carefully examine, with the aid of reflected light, the nostrils of a person who is troubled by nasal irritation, an occasional small hæmorrhage, a sense of general uneasiness in the vestibule, accompanied by the presence of a small hard crust, which only comes off to be followed by the formation of another, we shall discover on the septum, generally near the floor of the nose, a small superficial ulcer. A trifle though it be, it gives much annoyance, and is most difficult to cure, resisting an army of salves and lotions. Apply to it a pledget of cotton wool, soaked in an eight or ten per cent. solution of *muriate of cocaine*, and then gently use the flat cautery. Three or four applications may be necessary, at fortnightly intervals, but a permanent cure is the result.

### 3. NASAL POLYPI.

Of all the neoplasms found in the nares mucous polypi are the most frequent and most difficult to satisfactorily deal with, as the tendency to recurrence is so marked in a very large percentage of cases. Woakes, in his latest work on the subject, "*Nasal Polypus with Neuralgia, Hay Fever, and Asthma in Relation to Ethmoiditis*," takes a particularly gloomy view of the subject, regarding the polypi as but the fruit and manifestation of a much graver malady, *poliferating, or necrosing ethmoiditis*.

This malady, he contends, is first evidenced by boss-like swellings of the middle turbinated, then followed by interstitial necrosis, and a proliferation of the mucous membrane, which becomes transformed into soft, reddish, fleshy growths. A probe can now detect spiculæ of dead bone, and vertical cleavage of the spongy bone not infrequently occurs, polypi being present in the cleft, and on the outer and inner surface of the bone. Complete abscission of the spongy bone he regards as the only hope of cure; and this even has a doubtful result.

With this authority I am not entirely in accord, though in many points my experience agrees with his as to the onset of the malady. A bold use of the cautery, however, has given results more cheering and encouraging than above indicated. My conclusions are based on 90 cases, 50 of which I have operated on since the 1st of January, so that they are too recent to afford much light on the subject of radical cure, though a large percentage of my first 40 regard themselves as cured, and, at any rate, are quite unconscious of any recurrence. The secret of success in these cases lies in persistently slaying the foe, and giving no opportunity for recrudescence to exist even for a few months.

The wire loop is the great agent in dealing with polypi, the flat cautery being useful to destroy roots, and cut channels when necessary. The superiority of the heated loop consists in the fact that your work is practically speaking bloodless, and so, in most cases, you can carry on your work to an early and happy conclusion, as far as the sensations of your patient are concerned. For example:—

Robert R., æt 29, a miner, came to me on 6th February, 1887, with the following history. Born of healthy parents, he had, at the early age of six, developed nasal



polypi on both sides. At eight he had his first operation with the forceps, within three months was as bad as ever, so, when ten years old, entered Glasgow infirmary, where he underwent two operations. Two years later he found himself in the Edinburgh Royal Infirmary, where he stayed three months, and had as many operations. Tired of general surgery, he for a few years placed himself in the hands of some herbalists, who promised much, and did nothing. In 1878—when 20 years old—his malady became so distressing that he again came to the Edinburgh Infirmary, remained several weeks, and underwent three operations, at each of which he bled so fiercely that the operating surgeon had to desist to save his life. Within a few weeks his condition was as bad as ever, in fact he thinks worse. For eight years he suffered on, and in 1886 he came again to Edinburgh, when Professor Annandale proposed to him to resect the bones of the nose, and clear out the cavity, at the same time warning him it might cost him his life. Not liking the prospect, he took the advice to *avizandum*, repaired once more to Glasgow, and got the same offer made to him. He decided to accept neither, and soon after came my way.

*Present condition.*—He is a man of about 5 ft. 10 in., well built, and muscular. The appearance of the face is most curious and unpleasant. The nose, which began to expand when seven years old, and has continued to do so ever since, now occupies about 2-5ths of the face, measuring  $2\frac{3}{4}$  inches in the vertical and  $2\frac{1}{4}$  inches in the transverse direction. It is flattened from side to side, and from above downwards, and looks rather like an oblong box attached to the face. (The photograph which I hand round is rather too full-faced to show the proportions of the nose). The anterior nares are, by lateral stretching, reduced to very small circular openings, of less than  $\frac{1}{2}$  inch diameter, and from them flows a constant acrid discharge. Each naris is crammed with polypi, and the *alæ nasi* distended to the utmost. Posterior rhinoscopy reveals the vault of the pharynx full of polypi. No air has entered the nose for many years, and he sleeps and lives with his mouth open, while the antero and post-nasal discharge is most distressing. Smell and taste are both lost. There are some hardened glands on neck and under chin, but there is no history of syphilis.

With the galvano cautery loop I removed from the right side 13, and from the left 14 polypi, all of them of a tough fibrous consistency, that even in some cases almost resisted the current. They were about 1 inch long and  $\frac{2}{3}$  or  $\frac{3}{4}$  inch thick, being fusiform in shape from pressure. With two only was there any bleeding, and that quite momentary. The 27 polypi exactly filled a 1 oz. bottle.

On March 2nd he had a second sitting lasting  $1\frac{1}{2}$  hours. From the right I took 28, and from the left 23=51 in all, some as large as my thumb, while one was 2 inches in length, and correspondingly narrow. On each side we got daylight into the pharynx, and he could inspire easily, a thing unknown for more than ten years.

On March 16th a third sitting produced 20 from the right and 15 from the left, 35 in all. Thus in three sittings at fortnightly intervals 113 polyps were removed. In the 4 oz. jar which I pass round you see them. When fresh they exactly filled that jar, though now, from shrinkage in spirit, they do not quite fill it. The mass of tissue you hold in your hands will convey a better idea than any words of mine what a cavern was now left on each side of the septum to be dressed and healed.

Since then I have seen him on six occasions and removed a good deal of tissue which had room to spring up. There is at the date of this paper no sign of recurrence, and the poor fellow is in the enjoyment of perfect ease as to breathing. The atrophy of all the compressed parts has been so intense, however, that I do not expect smell and taste to be regained. Only the cribriform plate of the ethmoid remains, and that is in too tender a condition to warrant much further interference, lest a cranial hernia should ensue. A worse case I never saw, nor do I expect to, and a happier result could not be anticipated than electro-cautery has secured without pain, bleeding, or danger to life.

Nasal polypi are rarely unilateral, and when they are, the polyp is often single, though having many branches—in fact it is a true polypod—the feet going in all directions while the root is but one. Of the 90 I have operated on only five were solitary and unilateral, which gives 5.5 per cent. of such cases. One such I will narrate.

Mrs. R., æt 28, consulted me on February 11th, 1887. Ten years ago she began to suffer from polypi in the left

nostril, and for a whole year her doctor cut out a few grape-like specimens every month. Seven years ago she sought my advice, and then, knowing no better, and being at that date ignorant of my present method, I referred her to the Edinburgh Infirmary. Dr. Joseph Bell operated with forceps, his house surgeon holding her head, while a pharyngeal mass was with the finger forced into the naris, and removed by the forceps. Intense pain was given, and for five hours the hæmorrhage was so severe that she had to be detained and carefully watched, her reminiscence of the operation being thus expressed: "I thought they were tearing everything out of my head." For six years she had relief, then was as bad as ever, and had the scissors again, but declined the forceps. Smell and taste have been and are now feeble.

*Present Condition.*—The right nostril is clear, and widely patent. The left is crammed to the vestibule with a whitish-gray polyp, but by tilting the head, and lifting the mass up with a probe, I can see the atrophied middle turbinated, and no polyp apparently attached to it. Posterior rhinoscopy reveals a large mass protruding from the left choana, and crossing the septum towards the right side. With a very large noose I snared the mass that protruded anteriorly, but was struck with the fact that my loop did not get well up to the root of the polyp. A second good sized mass was similarly snared, and then I descried a blood-red pedicle descending from the outer wall, about midway back, and I for the first time learned that the polyp was single. I removed one more fleshy mass, and then bade my patient blow her nose as violently as she could. This effort was followed by a noise resembling a bullet leaving a pop-gun, as the pharyngeal foot flew past the choana and showed in front. It was snared, and then a fifth mass, including the pedicle, right up to its ultimate attachment, was removed, and all without a twinge of pain, or a single drop of blood, facts which Mr. Skene Keith, who saw me operate, can attest. The pedicle was  $1\frac{1}{2}$  inches long, 3 lines in thickness, intensely vascular, and quite accounted for the hæmorrhage, at the hospital, when torn through. The feet had grown in every possible direction, the posterior pharyngeal extension having curved round the sharp edge of the septum, the mark of which it bore. On arranging the five pieces, the polyp was seen to measure 2 inches verti-

cally, and between 3 and 4 in the antero posterior direction.

Its shape, and size, are accurately given in the accompanying sketch. The figures indicate the 5 sections necessary for removal, and the colours the different density of tissue of which it was composed. Its size quite accounted for the atrophic condition of all the nasal bones, and ordinary contents of the nostril, which met the eye.

The relief obtained by the patient was most marked, and no evidence of return nine months after the operation is discoverable. Within one month smell and taste became perfect, and have remained so.

Time fails to indicate the various positions and shapes of these unwelcome tenants of the human nostril, but the specimen I now pass round will show to what a size they sometimes grow when they develop towards the pharynx. It is the result of two sittings given to Robert R., æt 47, who in July last came from Fraserburgh to be relieved of polypi of 26 years' standing. During that time he had undergone several forceps operations with only partial and very temporary relief. Both nostrils were full, and I easily cleared them both back to the choanæ. There, however, I was foiled on the right side, as a huge polyp blocked the aperture, and dropped into the pharynx, declining to let my loop go round it. Visible as it was, by the mirror held under the palate, I thought that, if I could seize it, I might tear it from its attachment, and, failing that result, it might be wounded and weep sufficiently to permit me to snare it at a later date. With Lœwenberg's forceps I therefore seized it, but though I nipped out three or four pieces from the fundus, the strong pedicle held the mass firm. Three days after my patient returned, shrinkage was manifest, and I easily passed a large snare round it, through the nostril, and, turning on my current, it dropped into the pharynx, and was expelled by the mouth of the almost choked possessor. There was no bleeding whatever. This case I freely cauterised, and was struck with the amount of singeing an old polyp case can bear. The older the case the more can be borne, appears to be the rule, as the nervous elements have been so long out of function that they acquire surprising insensibility. There is no exaggeration when I say that for fully twenty minutes I kept my

electrode at a white heat, cauterizing every unhealthy part, till my arm ached, and my handle became too hot to hold, and yet my patient was in no way distressed, and would only admit to a sense of warmth now and then. Oh! that all noses were so tolerant, but alas! they are not, though *cocaine* be sprayed with a liberal hand. When first removed the pharyngeal tumour measured just two inches in length, and one at the thickest part of the fundus. It has shrunk much in the spirit in which it has lain many months.

A good example of the malady, and of the number and size of the polypi, which one bloodless and painless sitting will afford, exists in the specimen I now submit, which I removed from the nares of a gentleman from Greenock in September, 1886.

#### 4. MULBERRY DEGENERATION.

Often mistaken for, quite different from, yet frequently occurring with nasal polypi, is a disease of the mucous membrane covering the inferior turbinated bones, which for want of a better term I am wont to call *mulberry degeneration*, from its likeness to the mulberry. Mucous polypi are found everywhere, save on the concha. You find them frequently sessile on the septum, the books notwithstanding. The degeneration I speak of is observed only on the inferior turbinated, and markedly on its under or concave aspect. On careful inspection the lower meatus is seen to be filled up by a glistening, mulberry-like growth, protruding from the under surface of the lower spongy bone. Sometimes the colour is pearly, at others grey, or rather flesh-coloured, but the contour is the same—a single mass resembling a currant, a number together a mulberry. Towards the posterior end of the bone this degeneration frequently takes place, the erectile tissue—which of course is the characteristic feature of the mucous membrane covering the concha—greatly favouring its formation, and hence a large mass may be frequently seen protruding from the choana, if looked for. The symptoms this neoplasm gives rise to are very similar to those induced by polypi, differing, however, in this, that smell and taste are rarely affected, but the hearing of the patient frequently suffers, from occlusion of the lower meatus and pressure on the eustachian tubes when the hypertrophy of the posterior turbinated body is great. This is a much more frequent

cause of deafness than is generally known, as I hope to show in detail at our next Congress at Birmingham. Curiously true is it that few patients with polyps are deaf, even though both nares, and the pharynx be crammed with them. The reason I think lies in their flexibility and mobility, whereas the mulberry degeneration is a much firmer tissue. Be this at it may, the fact remains. The state of matters I have described is only properly dealt with by the cautery loop. The forceps and scissors alike fail to reach the obstruction when far back, and cause so much hæmorrhage that they should not be used, while caustics are difficult to apply and uncertain in their effect, besides giving the patient great torture.

As an illustrative case of this disease coupled with polypi, but always regarded and treated as this latter malady, I cite the case of Fanny D., æt 35, who came to me from Worcester on March 12th, 1887. Delicate from childhood, at eight she had a severe fall, followed for two years by convulsions. Shortly after the nostrils began to get stuffed, and she had quite lost her smell at the age of twenty. Taste remained intact. Operative interference began in 1875, when, at the Worcester Infirmary, she had several sittings, the forceps being used with much pain and bleeding. From this date her health quite gave way, and in 1881 she had recourse to some of our Birmingham colleagues, whose efforts, both surgical and medicinal, were fruitless.

For the last five years she has been under the care of a Birmingham surgeon—who shall be nameless—who has used in turn the forceps, the actual cautery, and chloracetic acid, coupled by occasional plugging of the posterior nares “to bring the polypi forwards.” The torture the poor girl passed through can be better imagined than described, though her language on the subject was pathetic enough.

*Present State.*—She is very anæmic, and a large glandular tumour occupies the right base of the neck. The right naris admits air with difficulty, and contains several polypi, while the inferior meatus is filled by a mass of mulberry degeneration, springing from the concha in its whole extent. The left side is absolutely blocked, and is so narrow that vision is impossible to any extent. Posterior rhinoscopy shows the vault of the pharynx to

be filled by mucous polypi emerging from the left choana—the right side, however, being clear of polypi. Both posterior turbinated bodies are enormously hypertrophied, impinging on the eustachian tubes, and she is deaf, specially on the left side. She remained under treatment just three months, having in all fifteen sittings. The narrowness of the left nostril was a great cause of delay, but, at the end, she left with both nares perfectly clear and free of disease.

The right side yielded fifteen polypi, the left thirteen, none of them of great size. No. 1 bottle contains the polypi, and No. 2, in about equal proportions, the masses of mulberry degeneration which filled the lower meatus on each side. Comparison of the two specimens shows at a glance how different they are.

In September last I examined my patient in London, and found not a trace of recurrence in any part of the nostrils, while her subjective sensations as to easy breathing, and absence of coryza, were of the happiest.

Another important difference between the mulberry degeneration and mucous polypi is this, that while the latter recur most readily in a majority of cases, and need repeated cauterisation to prevent this, the former shows no such tendency, and once properly removed do not recrudescence. This is a matter of no small moment to the patient, whom you can confidently assure will be no more troubled by his disease—a prediction one dare not make with regard to polypi.

A typical example of the malady is seen in the specimen I now pass round, which well illustrates the peculiar character of the mucous membrane degeneration, and the size these erectile tissue-tumours obtain.

I removed these from Mr. Andrew B., aged 32, a schoolmaster, who came to me on March 29, 1887. For many years he had been subject to nasal catarrh, accompanied by constant sneezing, and occasional stuffiness of the nostrils. For the last year he has been much worse, the coryza being excessive, with complete loss of smell. Taste remains good. Under the advice of one of our Edinburgh Professors he had been applying iodoform—the pungent odour of which he could not recognise, and which had had no effect whatever on his symptoms.

*Present State.*—Both anterior turbinated bodies are hugely hypertrophied, and completely block up the



vestibule. The mucous membrane of each lower spongy bone has undergone excessive mulberry degeneration from end to end, absolutely blocking the normal breath-way, so that he is compelled to sleep with his mouth open, and is very unhappy in the morning as a consequence. Each middle turbinated bone is in a condition of boss-like hypertrophy, with polypoidal degeneration just commencing. Tonsils enlarged.

With the cautery loop I removed each anterior turbinated body, and several masses of mulberry degeneration on each side, till a good breathway was established. I also removed the left middle turbinated enlargement, and then directed him to use a carbolised saline spray, for cleansing and deobstruant purposes.

On April 16th he returned, expressing great relief. To-day I removed both posterior turbinated bodies, they being amongst the largest I have seen—more than one inch in diameter at the base. Two small polypi were now visible on the left middle turbinated, and removed; and, as the enlarged tonsils were still a source of annoyance, I removed them by the guillotine. From this date all discomfort has passed away, and, while the coryza and sneezing are gone, smell has reappeared, and he sleeps peacefully at night with lips closed.

The removal of the posterior turbinated body is often necessary when no other part of the lower turbinated is affected. This portion is almost always greatly hypertrophied in cases of polypi, and its removal is followed by a sense of enormous relief to the breathing of the patient, and, further, with its disappearance is dismissed the source of much of the post-nasal mucous discharge which so annoys hosts of persons other than those who have intra-nasal polyps.

Good examples of this state appear in the two bottles I now show you. The first is from a gentleman who came to me from Kelso in July, 1884, suffering from polypi. I removed eighteen—all quite small—like peas, but he had no very sensible relief until the posterior turbinateds were taken out, when all his miseries ended.

The second specimen I removed, three weeks ago, from a lady from Inverness, for the same reason, and with similar results.

If your memory can carry you back to the days when you dissected—or were supposed to dissect—the naso-

pharynx, or, if your eye be familiar, by posterior rhinoscopy, with the life size of the posterior nasal aperture, *rel choana*, you will easily apprehend what a serious obstruction to easy respiration such a mass must be, placed, as it always is, in the narrowest part of the lumen.

Its immediate contiguity to, and pressure on, the eustachian tube with every act of deglutition, and frequently without that physiological process, will need, in future, more recognition at our hands; so only shall we be able to deliver, from life-long deafness, many a young person who, first troubled by post-nasal catarrh, eventually becomes increasingly, and incurably dull of hearing. Attention to the organ of hearing is useless. The mischief lies not there, but in the tract which nature placed as sentinel to guard the middle ear and its avenue, but which, influenced chiefly by our damp and changeable climate, has gone over to the foe, and must be regarded and treated as a traitor should, with prompt extermination. Brilliant results follow. In many cases I have brought up the hearing-power from a few inches to double as many feet—tested by the same watch.

And now, as our time is gone, I will just only indicate, without any detail, a few other maladies where the cautery is most useful.

#### 5. CHRONIC PHARYNGITIS.

The elevated shining mucous papules, which give such a sense of fulness in the throat, are immediately dissipated by a touch or two of the flat or pointed platinum cauter.

#### 6. CHRONIC AMYGDALITIS.

In cases where medicines fail to reduce the tonsils and ablation by guillotine is undesirable, or the size and position makes that operation impracticable, a few applications will have the happiest results.

#### 7. CHRONIC UVULITIS.

Whenever it be necessary to remove the uvula, the galvano-cautery loop does so most easily and without any bleeding, which is sometimes severe and very difficult to arrest when a cutting instrument is employed.

#### 8. RANULA.

Obstruction of the orifices of the ducts of the sublingual glands, and of the buccal glands also, is easily cured by the cautery.

## 9. HÆMORRHOIDS.

Passing now to the lower termination of the mucous tract, we can relieve the rectum and anus bloodlessly, and completely of those pilous masses of long standing, which our beautifully-acting anti-hæmorrhoidal drugs, it must be admitted, do now and then fail to cure, or which, from other reasons, demand surgical removal. This operation needs careful insulation of the adjacent parts I need scarcely say.

## 10. UTERINE POLYPI

Are most effectively dealt with by the cautery loop.

## 11. VAGINAL CONDYLOMATA.

The specimen I show you was taken from the upper wall of the vagina of a multipara, three months advanced in pregnancy. It had given rise to much bladder irritation, which completely disappeared with its removal, and utero-gestation was in no way interfered with by the bloodless and, thanks to *cocaine*, quite painless operation.

## 12. URETHRAL CARUNCLES

are frequently a cause of much trouble and irritation to women. If medicines, suitably chosen, do not shrivel them rapidly, their removal by the loop is most simple and effectual.

## 13. PHIMOSIS

is a congenital defect that frequently needs our attention. The redundant skin drawn through a hole in a card, which protects the glans penis, removed most effectually by the loop, and the absence of bleeding (rendered absolute by putting an elastic ring round the root of the penis before commencing) permits you to put in your stitches without soiling even your fingers.

In conclusion, I must thank you for your patient attention to a paper not at all on the lines of those usually read before this Society, and if I have made no allusion to specific medication you must not suppose that I ignore or neglect it. Far from that. Had I gone into these details I must have trespassed yet further on your forbearance as to time, and such treatment and knowledge is common to us all. My point has been simply to show—or try to, I had better say—that if we consent to the adage, “an empty house is better than a bad tenant,” the best surgical way to get rid of the abnormal and unwelcome tenants I have been describing is by the electro-cautery.

## SOME AFFECTIONS OF THE SKIN AND ITS APPENDAGES, TREATED BY MEANS OF ELECTROLYSIS.

By J. GALLEY BLACKLEY, M.B., Lond.

Physician in Charge of the Skin Department of the London  
Homœopathic Hospital.

GENTLEMEN,—As electricity is upon the tapis this evening, I have ventured to put together a few very rough notes upon the application of electricity in the shape of electrolysis to certain troublesome affections of the skin or its appendages—affections not usually considered amenable to the action of drugs administered internally or applied locally.

1. *Nævus*.—After trying the ordinary methods of treating nævus, by ligature, caustics, and injection of chloride of iron, with more or less dissatisfaction, on re-perusing a paper by Althaus on *Electrolysis* \* I was struck with the excellence of his suggestions for the treatment of nævus, and determined to try electrolysis when the first suitable case presented itself, which I had an opportunity of doing at the beginning of 1885.

Lily L., aged six months, was brought to me on January 3rd, 1885, with a mixed nævus of about the size of a horse-bean upon the left side of the lower lip, somewhat on its inner aspect. At birth the nævus had been much smaller (of the size of a split-pea) and much less raised. At the time of my seeing the patient it was manifestly erectile, as it became much more distended and deeper in colour when the child cried or coughed. Having for several reasons discarded the gold needles recommended by Althaus, I performed electrolysis upon this nævus with four fine steel needles passed through the base, two connected with either pole, passing through it the current from seven cells of a Leclanché constant battery, and reversing the current after five minutes, thereby giving the advantage of the increased action round the needles connected with the positive pole on both occasions; the needles

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\* *Further Observations on the Electrolytic Dispersion of Tumours.* Being a paper read at the Annual Meeting of the British Medical Association in Edinburgh, August, 1875. By Julius Althaus, M.D. Second Edition, 1879. Pp. 5, *et seq.*

were meanwhile moved about freely so as to subject all parts to their action. After passing the current for five minutes in either direction the nævus had completely changed colour to an ashy grey, and had become quite solid. The only dressing used was flexile collodion. A dry black scab came away at the end of 14 days, leaving a florid cicatrix. This at the end of a few months assumed the appearance of the rest of the lip, and at the present date the former situation of the nævus can only be detected on close inspection. Since the above date I have electrolysed numerous nævi of various sizes, but this case may be taken as a sample of those most suitable for electrolysis, viz., where the nævus is small (not larger than a shilling), and more especially where it has not been previously attacked by ligature or caustics. In these cases, where the nævus is crossed by bands of cicatricial tissue, electrolysis is much more difficult of application and requires frequent repetition. It is particularly applicable where the nævi are multiple and minute, as in the case of very small ones on the face, which appear to consist of only a very few dilated capillary loops. A word of caution is necessary with regard to nævi on the face or exposed parts of the body, viz., that it is not uncommon to have a more or less persistent brown stain left after the use of steel needles, owing to the rapid oxidation of the needles connected with the positive pole. In such cases it is better to use platinum or gold-plated needles. In a case, upon which I operated for Dr. Carfrae, of multiple minute nævi of the face, in some, steel needles were used, and in others platinum needles, with the result that in the former a brown stain was left which lasted for months.

2. *Xanthoma* of the face or eyelids is usually an intractable ailment. Through the kindness of Dr. Black Noble, who sent the patient to me, I was enabled to try the effect of electrolysis in a case of multiple small xanthomata of the cheeks.

E. F—., aged 14, came to me on December 19th, 1884, the cheeks and bridge of the nose being covered with some dozens of minute xanthomatous growths, varying from a mere stain to about the size of a grain of mustard seed; the surrounding skin was much injected. I tried at first gold-plated needles, but, finding they gave considerable pain and did not readily penetrate the somewhat

tough epidermis, I used the fine steel needles previously mentioned, two to each, passing through them the current from four Leclanché cells. About a couple of dozen of the worst spots were operated upon in four sittings. I saw the patient again at the end of six months, and found all that was left of the spots was a brown stain, which, probably, was largely owing to the use of the steel needles. The patient declined to have others attacked in the same way on account of the pain.

3. For the removal of *superfluous hairs* electrolysis is practically unequalled, a single fine gold or platinum needle connected with the negative pole of the battery is used, a large sponge electrode connected with the positive side being applied *ad libitum*. The needle is passed into the hair follicle, and as soon as bubbles of gas appear, the hair may be removed with ease and never reappears. The only requisite for this method of procedure is unlimited time and patience.

4. *Warts*.—Not the least troublesome and unsightly affection of the skin which medical men are called upon to treat are “crops of warts.” A. B., dentist, aged 35, had suffered for some years with warts on the right hand, two large ones in particular being situated on the extensor surface of the knuckles of the forefinger and thumb, causing considerable pain on flexion. Ligature, caustics snipping off, *citric acid*, and all ordinary remedies had been used in vain. Two fine needles were passed into the base of each, and connected with four cells of Leclanché battery with the result that the more troublesome one of the two, that on the proximal knuckle of the forefinger, came away entire at the end of about ten days, leaving a smooth cicatrix; the second one yielded to a second application of the needle, and neither have re-appeared after a lapse of nearly four years.

5. Small *sebaceous or fatty tumours* ought, I think, to yield to treatment by electrolysis. I have at present a case under my care in which I purpose electrolysing not the tumour itself but the base thereof, so as, if possible, to cut off the blood supply. Two cases of *polypus nasi*, which I wish to mention to you, may be more appropriately left till the discussion upon Dr. Wolston's paper.

## DISCUSSION.

Dr. DUDGEON expressed the great interest he had felt in the paper. He thought they ought to congratulate themselves on possessing a surgeon who was so skilful an operator in such cases. The medicinal treatment of polypus had not been attended with great success in his hands. To one patient he gave *calcareo*, and some time after the patient blew out the polypus into his handkerchief when blowing his nose.

In reply to Dr. Dudgeon, Dr. WOLSTON said polypi might be attached to any portion of the nose except the inferior turbinated bone.

Dr. WOAKES looked upon the polypi as the fruit of the disease rather than the disease itself, which he considered as being something deeper, and that it was only effectually treated by removal of the middle turbinated bone.

Dr. WOLSTON regarded the anterior turbinated body as an advanced guard of the eustachian tube. It was an erectile tissue.

Dr. ROTH expressed his thanks to Dr. Wolston for his paper, and remarked that it had drawn the largest audience of the Society for some years past. An oculist in St. Petersburg had used electricity for the solution of cataract, and with success. Those interested in the details of this application of electricity will find them in Gresslich's *Hygieia*, 1840—1850. He (Dr. Roth) had used diluted nitric acid for the removal of *nævi*. The surface was scratched with a needle that had been dipped in the acid. He had seen *thuja* have good effects in warts. He asked if polypus was formed in any particular dyscrasia, and whether a certain form of polypus was dependent on any special predisposition.

Dr. ALEXANDER said that he had been formerly associated with Dr. Wolston. The greatest relief was the removal of dyspnoea which came on paroxysmally at night. In one case of twenty years' standing on which he had operated, he observed that when he reached the last polypus and removed it there was a rush of air, and the patient exclaimed that no one could appreciate the delight of breathing who had never had polypi removed. He had removed twenty-two polypi in one and a half hours. [Dr. WOLSTON said he had removed from ninety to one hundred in an hour.] He had never met with a case of deafness caused by polypi. The only way in which they could cause it would be by pressing the orifice of the eustachian tube. He had on several occasions met with patients who had polypi and yet retained their smell. He mentioned a case of lupus occurring in a boy, in which he had used the cautery, and one operation was sufficient to cure it. In a case of epulis, which had returned after operation, the



electro-cautery was completely curative, cocaine being used preparatorily. In a case of anal polypus, attached by pedicle to the anus, which had been treated by allopathists for years by caustics, he chloroformed and removed by the electro-cautery. The patient, a woman, was now perfectly well. He had observed immense improvement in the general health after the removal of polypi; one patient having gained twenty-two pounds in weight after the operation. Nævi also were well treated by electricity.

Dr. COOPER said Dr. Wolston's paper was extremely instructive. He thought there was no doubt that polypus cases were suitable for operation; but as members of a homœopathic society we ought to try and avoid operations. He told a story of a celebrated practitioner who had built up a large practice, and when asked how he had managed it said: "Oh, I turn every case I can into a uterine case." Gentlemen who were given to operating were apt to turn every case they could into an operating case. He mentioned the case of a patient who consulted him, and who had, among other complaints, a small growth not worth calling a polypus, which Dr. Cooper removed without the patient knowing it. Yet a specialist thought it a more serious affair, and he had had an appointment with him for removing it. This, he thought, was an imposition. An obstinate case of deafness, due as Dr. Cooper perceived, to crowded teeth, came to him, and he ordered the patient to have two teeth removed. A new tooth appeared although the patient was over forty years old. He regained his hearing, and was now following his occupation. He had had his turbinated bones nearly operated out of his head, and had been condemned as incurable by celebrated specialists.

Dr. DYCE BROWN said it was to be regretted that Dr. Wolston had not stated how long a time had elapsed since each operation, as the tendency of polypi of the nose to recur was well known, and if they did recur after the electro-cautery, they could not be considered cured in the proper sense of the term. Polypi did disappear with internal remedies, and when this could be accomplished he preferred such treatment to any operation. Two cases of late he had treated successfully without operation. In one, all discomfort vanished, and the remains of the shrivelled polypus could just be seen and no more, after the use of *calcareo carb.* 30 and the local use of a snuff of *kali bich.* 8x trituration. After a severe general catarrh it returned, but the same treatment, after the catarrh was cured, resulted in its disappearance, and the cessation of all discomfort. The second case, under *teucrium*  $\phi$  and the *kali bich.* snuff so shrivelled up that no discomfort was felt for months. While in Scotland this summer, the patient wrote that the

polypus had recurred, and was most troublesome. Dr. Dyce Brown advised the patient to see Dr. Wolston, but meantime prescribed *calc. carb.* 30 alone *ter die*. On his return to London the patient wrote that he had not gone to Dr. Wolston, as the *calcareu* had quite cured him.

Dr. CARFRAE said he should like to make a few remarks on electricity in uterine cases. He had been led to look into this mode of treatment by Dr. Roth, who, many years ago, lent him Tripier's work. His results at that time were not very promising, but lately he had been again referred to it by Apostoli. The use of electricity was one of Hahnemann's remedies, at least magnetism was. He said this because it had been stated that electricity as a curative agent was not in place in a homœopathic hospital. His experience only dated from the time of his return from the holidays. Electrolysis was suitable in some cases of dysmenorrhœa, neuralgic and membranous, and when arising from stenosis; in cases of metritis with hæmorrhage and glairy discharge; of pelvic cellulitis and hæmorrhoids; in fibroids; hæmorrhage from retained products of abortion. He mentioned (Case I.) a girl H. who had dysmenorrhœa relieved by dilatation. Faradisation was of no use. Cured by the continuous current. (Case II.) Dysmenorrhœa cured by continuous current after failure of faradisation and other means. The positive pole was applied inside the uterus by means of an aluminium sound. (Case III.) Chronic metritis with profuse leucorrhœa; pain between the periods, greatly improved and practically cured. (Case IV.) Similar case cured. (Case V.) Retroflexed uterus, with pain—cured. (Case VI.) Dysmennorrhœa, the result of retained product of abortion, cured. Other cases of the kind were related.

Dr. NEATBY asked if Dr. Wolston had had any opportunity of comparing the treatment of lupus by Volkman's spoon with that by electricity?—Of Dr. Blackley: If mixed nævi of small size are suitable for treatment by electrolysis?—Of Dr. Carfrae: If cases of menorrhagia associated with ovarian neuralgia or chronic ovaritis were suitable for treatment by electricity, and if the application should be made during or between the menstrual periods?

Dr. ROBERSON DAY regretted that they had not seen the apparatus in action, and asked if the measurement of the strength of the current had been observed.

Dr. BREMNER said that current strength should be accurately measured wherever practicable, and that dependance simply upon the number of cells employed was misleading. He asked Dr. Blackley what battery he used, what kind of electrode, and where he applied the positive pole?

Dr. CARPRAE, in reply to Dr. Neatby, said he used the current between the periods.

Dr. BLAKE (in the chair) said he had seen the galvanocantery very useful in follicular pharyngitis. It removed thickness of utterance, and raised the voice one or two notes. He had found it of great use in removing uterine papillomata; especially in cases which bled freely. In fistula and sinuses it was of the greatest use. Many cases sent to him as piles had turned out to be polypi, and were easily removed by electricity. A case of polypus of the nose with lupus was treated with *kali bichrom.* 30, 8x, and local insufflation of the same, mingled with pasma, with the result of curing the polypus but not the lupus. In nævus an olivary body of charcoal was sufficient, and no needle was required. In cases where fibroids were cured, it might sometimes be merely the application of the needles and not the electricity which produced their disappearance.

Dr. WOLSTON (in reply) thanked Dr. Blackley for his paper. He had used *mono-chloracetic acid* with great success in nævi and moles. He could not give a general reply to Roth's questions of locality, but thought there must be a strong tendency to the malady in this country. He had no doubt that there must be some homœopathic remedy to prevent the evolution of the disease after removal. After operation he put the patient under homœopathic treatment. It was important to keep the nares dry, as polypi, like fungi, thrived in a dark damp cavity. Often the smaller polypi were crammed in the recesses, and came down after the more obvious had been removed. He took exception to Dr. Alexander's statement that he had found polypi on the inferior turbinated bone; he thought they were not real polypi but erectile-tissue tumours. [Dr. ALEXANDER said he had examined them microscopically, and found them to consist of mucous tissue.] He thought nine-tenths of the deafness of the country was due to adenoid growths in early life, which, being undetected, and therefore unremoved, affected the ear. As for the length of time after operation during which a patient remained free from a recurrence of the growth referred to by Dr. Dyce-Brown, he (Dr. Wolston) named the case of a gentleman operated on four years ago, and examined again quite recently; he could not find any signs of return, although the patient has some feelings that made him fear it. In regard to the strength of the electric current, it was a question of experience how much power should be used, and it must be employed intermittingly,

Dr. COOPER said he had many cases of adenoid growth, and

would be glad if gentlemen would come and see his treatment of them at the hospital.

Dr. GALLEY BLACKLEY (in reply) said he had seen chloro-acetic acid used but had never used it himself. His objection to caustics generally, as well as to the ligature, was that they always left a much larger scar than that remaining after electrolysis. For the latter method he considered mixed nævi more suitable than the purely cutaneous ones. In reply to Dr. Bremner's question as to the use of a galvanometer during electrolysis of nævi, the answer was the same as that given by Dr. Wolston in the case of polypi, except that *sight* and not *touch* was the best judge as to the amount of current necessary. In cases where the negative pole alone was used, as in epilation, it mattered little where the positive pole was placed; any part of the back did very well. In regard to his case of warts cured by electrolysis, it should be mentioned that drugs, especially *thuja*, internally and externally, had been tried for a long time in vain. After thanking Dr. Wolston for his very instructive paper, he (Dr. Blackley) mentioned the case of a lady, aged 47, who had suffered for many years from polypus, and had submitted to the ordinary methods of treatment (evulsion, galvanic ecraseur, &c.) without relief. After a steady trial of medicines, he (Dr. Blackley) used electrolysis to the pedicle of the polypus, which came away at the end of ten days, and when last seen, nine months after the operation, there were no signs of any return of the growth. He mentioned another case, a child, where, on preparing to electrolyse the "polypus," which had existed for eighteen months, and had been treated *secundem artem* during that time, the presumed morbid product turned out to be a white ivory button!

## THE USE OF DRUGS IN SURGICAL CASES.

By JOHN DAVEY HAYWARD, M.D., Lond.\*

GENTLEMEN,—In the note in which your secretary offers me the privilege of addressing you, he gives the advice that my paper should be short and one that would be sure to elicit some discussion. In searching for a suitable subject I felt myself debarred from entering upon an ethical or controversial discourse, firstly, because the secretary also insists that my subject shall be a practical one, and secondly, because, by the generosity of that munificent supporter of our school of therapeutics, Major

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\* Read before the British Homœopathic Congress, Liverpool, September 22, 1887.

Vaughan Morgan, an essay written by myself, and entitled *The Medical Treatment of our Time: or, Medicine, Orthodox and Heterodox*, has had a widespread circulation both within and outside the medical profession; a circulation far in excess of its merits, but which, I am happy to tell you and Major Vaughan Morgan, has not been entirely in vain. Old and trite as were the arguments and illustrations in that essay, some of the seed has fallen upon good ground. You will not, I trust, accuse me of pride, except for the cause of truth in medicine, if I take this opportunity of informing the homœopathic body that, for some months past, a not inconsiderable portion of my time has been taken up in answering letters and inquiries on the subject of homœopathy, addressed to me in consequence of the humble literary effort I have mentioned. I have received letters from University professors, hospital physicians, students and teachers of science, from physicians and laymen, from lady doctors and, of course, from clergymen. The correspondence has often been irksome, but, I believe, not always fruitless; a large amount of sympathy with our position has been expressed from outside our camp, and it cannot but happen that the numerous promises to read homœopathic works and to try the system on patients, which I have received, will lead to a great spread of the truth which must eventually prevail. Inquiry is what we want, and Mr. Cross, the Secretary of the London Homœopathic Hospital, informs me, that he also has answered numerous requests for information on points mentioned in the essay to which I have referred.

The ethical matters in dispute between us and the majority of the profession, what I may call the "polemics of the pathies," being unavailable to me, I have elected to criticise the position, which a large part of our body assumes in relation to surgery. To such an audience it would be unnecessary to dilate upon the proofs of the large amount of surgical interference which is prevented by our method of treatment; our literature teems with instances and our daily practice illustrates the fact. Further, a much longer and more ambitious paper than I am presenting to you might be written, giving instances of the manner in which homœopathy benefits injuries of all kinds, lessens the risks of operative procedures, and hastens, or even determines, the recovery after injury,

whether accidental or purposive. I shall be unable to avoid allusion to these facts, but my main object is to point out that I believe homœopathists frequently evidence a repulsion to surgical proceedings which interferes with what should be every physician's prime object, namely, the easiest, safest and most rapid restoration to health of the patient committed to his care. Surgery has been so often described as the opprobrium of the healing art, and in some cases it so plainly is so, that among many members of the profession, a reluctance to employ surgical means has arisen even where these offer, as far as our present knowledge extends, the safest and most speedy relief to the disorder present. The abuse of mechanical appliances, the fondness for the knife, for gross and painful proceedings where therapeutic agents would suffice, has been demonstrated to be a vice of a large part of the profession, and by none has this been more energetically and more effectually shown than by Hahnemann and the earlier homœopathists. But the tendency to run into the opposite extreme, to persist in drug treatment where some surgical proceeding is called for, is also, I believe, more common among homœopaths.

Homœopathy is, of course, a science which is applicable to surgical cases as to the more purely medical; and some of its most brilliant results have been in the rapid cures, by medical means, of diseases which used formerly to be either made worse, or else dangerously, painfully and tediously relieved by operative procedure.

Homœopathy has also pointed out the folly of removing local manifestations of disease while leaving the constitutional condition, the cause of the local abnormality, uncared for. It has shown that the results of the unscientific interference may be worse than the original disorder, or may actually intensify it. At the same time, there is no doubt that the increased power to cure diseases by drugs applied homœopathically has led, amongst us, to a reluctance to employ other than medical means in our cases. The enthusiasm for therapeutics, applied according to our rule, has, perhaps necessarily, led to a reaction against mechanical interference, which, in isolated cases, may be only less detrimental than the too ready employment of such interference.

I do not here for one moment desire to depreciate the

power of drugs to modify and help surgical cases. It is a matter of daily experience that our *Materia Medica* enables us to treat cases of injury and operation, and indeed all surgical (including obstetrical) cases, in a manner which contrasts with old-school physic as much as does our treatment of more purely medical disorders. In addition, drugs used as we use them are powerful agents in preventing the return of diseases after their local development has been removed surgically, and for this reason in particular is it incumbent upon the homœopathic body to keep itself familiar with the details of surgical practice, so that their patients may have the benefit of homœopathic treatment even where surgical interference is called for. By a contrary plan, by shirking the personal conduct of surgical proceedings, the loss of practice in the art and the unfamiliarity with its methods cannot but influence the homœopath to make him less willing to use surgical means where they are called for, and less willing to undertake cases in which such proceedings will probably be necessary. I am aware that it is as physicians that most homœopaths have joined our school, after being disgusted with the therapeutics of the general profession, and that as a rule it is to their devotion to medicine that they owe their perception of the truth; but the unwillingness of homœopathic general practitioners to attend to cases mainly surgical, or to employ personally any surgery required, has had a deleterious effect upon our reputation with the public, and has caused what surgery is absolutely necessary amongst our patients to go, or even to be pretty generally sent by us, to the allopathic surgeons of our neighbourhood; and that even for quite the minor operations of surgery, which general practitioners of the predominant school perform in their daily routine. Even in a city so well provided with homœopathic practitioners as Liverpool is, our patients are quite commonly sent to allopathic surgeons, even for the most trifling, as for the more important, surgical treatment. Independently of the loss of patients and of reputation which such conduct occasions; the patronage and snubbing which it entails from surgeons, who are, nevertheless, ready and willing to accept the guineas and practice so offered, is often more edifying to the public than to the homœopathist who has not served a long apprenticeship



to the persecution which the avowal of his therapeutic faith brings in its train.

The distinction between the physician, surgeon and the general practitioner is, perhaps, more marked among us than amongst other medical men; and, except in America, there is scarcely a surgeon who is a believer in homœopathy who will undertake the major operations. With the increased extension of our school, however, we should endeavour not to send our patients, more than is absolutely necessary, to surgeons who refuse to meet or consult the homœopathic medical attendant, who openly decry his treatment, and who often try to retain the patient or to pass the case on to their allopathic confrères when medical treatment becomes necessary. The knife, lancet, forceps, syringe and the like are equally the heritage of the homœopathist with the rest of the profession, and therefore did I regret the proposal to limit the sphere of our new Hahnemann Hospital to purely medical cases; while surgical cases which presented, or cases which became surgical under treatment, were to be sent to general allopathic institutions. This, besides the ignominy of the thing, could only emphasise the opinion among the public that homœopaths know nothing of surgery, and have even forgotten the minor surgery they once learned, and would react on our practice, by inducing us to treat cases medically to the end, even where surgery might have saved or relieved life, or have expedited the return to health. Again, as the opportunities for homœopathic surgeons to keep up their practice are already sadly limited in this country—for a declared homœopath becomes immediately debarred from holding any posts in the general or special hospitals of the land—it is the more incumbent on us not gratuitously to throw away the means Mr. Tate has so generously placed in our hands for remedying to some extent the injustice done to us.

I have heard members of families, who have long been treated homœopathically, avow their intention of employing other treatment for certain affections, because some slight surgical aid might be required; and, as homœopaths can't or won't perform this, they prefer to submit to drugging they have no faith in, rather than, so to speak, swap horses in the middle of the stream. And I have known homœopathic practitioners refuse to attend cases because they might ultimately require some



manual treatment. The attempt, also, to treat medically what requires surgery, has brought unmerited disgrace upon our system and our body; and, to my own knowledge, has discouraged more than one medical neophyte, who was prepared to view our method favourably.

It would take too long, for my present purpose, to attempt to indicate where the line is to be drawn between the cases which can be treated only by drugs and those which cannot; but, with your indulgence, I will conclude by instancing cases, from my own personal observation, where I think such a division exists. This line may be a changeable one, as our *Materia Medica* extends and our knowledge of its powers increases; but, for present day medicine, some effort to give examples may be attempted; although I am well aware, that here I lay myself open to destructive criticism, and even censure, at the hands of more experienced and better instructed members of our body than I can myself claim to be; whereas, were I cautious enough to confine myself to vague generalities, I might escape such censure. Nevertheless, the good report of our school is more to me even than your praise; although, as there is a tendency for the meetings of adherents to a persecuted creed to develop into occasions for the expression of mutual admiration, the temerity of my criticism may be all that "lives after it," the rest may be "interred with its bones." The other extreme to that I am indicating—namely, the too frequent employment of meddlesome surgery where our remedies would suffice—is so commonly demonstrated at the meetings of our societies and in our literature, that my remarks cannot, as I do not intend that they shall, have more effect than to indicate that each extreme is possible and is prejudicial.

The removal of the majority of neoplasms, and especially of malignant tumours, is, in my belief, as yet quite beyond the power of drugs internally administered. Without entering into pathological questions, I must state that I have no faith in the removal of a well-defined malignant tumour by other than surgical methods, although I should by no means neglect constitutional treatment after the localised focus of the disease had been removed. Taking the breast as the organ most commonly affected by carcinomatous disease and the most readily observed, the evidence points to the local origin

of the growth, and, not until the system becomes infected by the extension of the disease or by the drain of the local exhibition, does constitutional trouble manifest itself. If cases be not cured by local removal of the disease, life is undoubtedly prolonged and relieved thereby, and the disorder retarded in its course. *Conium*, *hydrastis*, *sanguinaria*, *phytolacca*, the *iodides of arsenic* and *calcareo* may retard this downward progress, or may prevent the return of mammary scirrhus, or of other carcinomata after operation; but the first indication is early removal of the pathological nidus. The danger of delay—of trying what can be done by medicines—is often witnessed.

The same remarks apply to the various sarcomata, and it is to be noticed that the less malignant form of tumours often degenerate into the more malignant varieties, while later pathologists believe that benign growths may frequently, if exposed to irritation or other undefined circumstances, transform into sarcomata or carcinomata, and the microscopical and clinical evidence for such views is increasing year by year.

Yet even here there are indications that in the future medicine may occupy much of the ground at present relinquished to surgery. There is, as you know, an increasing tendency, even in old-school medicine, to treat medically cases formerly considered to belong entirely to the province of the surgeon. Specifically-acting drugs are being re-discovered from our *Materia Medica*, and I cannot forbear noticing one of the most recent advances in this direction.

Of all the internal remedies for cancer that have had their day from early times down to the recent failure of *chian turpentine*, *arsenic* seems to be the chief drug offering genuine promise. It has long been in use for the purpose among homœopaths, and now it is the turn of this particular instance of our treatment to be adapted and re-discovered by the rest of the profession. Professor Jonathan Hutchinson, in an address to the British Medical Association (reported in the *British Medical Journal* for July 30th, 1887), after stating that herpes zoster “is frequently brought out by the medicinal use of *arsenic*,” adds:—“Permit me here to make a remarkable therapeutic assertion; I venture it after careful and extensive observation. It is this, that

in recurring cases the one remedy which will stop the tendency is *arsenic*. I know of no other, and I have the utmost confidence in this. Facts like these," he continues, "derive increased interest when placed in juxtaposition;" but as he refuses to notice the homœopathy of this relation, we cannot be surprised that he is not struck by the similar relation between *arsenic* and cancer, which he supports in the following remarkable paragraph:—*Arsenic* is "occasionally the cause of a sort of psoriasis of the skin, and ultimately, if continued, of a peculiar form of cancer. These are for the most part new observations, but I think that the evidence is already conclusive.

"I produce for your inspection several drawings by Burgess, which accurately depict the state of the skin which was produced in a gentleman for whom we had prescribed *arsenic* in very large doses, in the hope of restraining the growth of a cancerous mass which was beyond the reach of operation. Until he took the *arsenic* he had a clear and healthy skin. The effect of the drug was to produce general dryness and earthy discolouration of the whole integument, with a psoriasis condition on the tips of his elbows, on his knuckles, and in his palms. That these conditions in his skin were really due to the *arsenic* was proved by their varying definitely with the dose. If, however, any doubt be felt on that point, let me adduce as further proof certain other drawings, which I now show. They carry the case still further, and prove that *arsenic* can even evoke cancer. The portraits are from two different patients, and they show exactly the same thing. In each case the patient had taken *arsenic* for several years for the cure of common psoriasis, etc., and the palms and soles had become hard and horny, ending in each by the growth of epithelial cancer. In one the cancerous ulcer developed almost symmetrically in the two palms, in the other it attacked the sole of the foot. In all these facts we have cumulative proof of the power which *arsenic* possesses in both controlling and disturbing the nutrition of the skin. It may either cause or cure disease, according to the state of the patient for whom it is prescribed. In passing, let me remark that it is probable that its influence is by no means limited to the skin. I believe, although it is very difficult to give categorical proof, that it possesses

definite influence over the growth of cancerous tumours, tending in many cases to restrain it."

This is encouraging, but in localised and accessible malignant tumours, I still believe removal to be the best treatment.

Six years ago I removed an epithelioma from a gentleman's lip, and there is no trace of return. Could a prolonged course of *arsenic* or any other known drug have possibly effected the same result, and even if possible, would this have been as simply and speedily accomplished as by the small operation?

Ovarian and similar tumours commonly require, in my opinion, other than medicinal treatment; but even the simpler external tumours, such as wens, nævi, ganglia, and so forth, are so easily and safely removed mechanically, and so tediously and doubtfully cured by drugs, that prolonged drugging in such cases is, I submit, a mistake. In America such medication is still less excusable, for there the services of accomplished surgeons are readily secured for homœopathic cases. In a recent clinical lecture by Professor Ludlam, he dilates in severe and convincing sentences on the practice of promising removal by the use of remedies of various tumours by "absorption," and terms such proceedings "frauds."

With regard to the treatment of purulent collections, whether in glands, muscles, bones, or joints, the attempt to cure by drugs alone exposes the patient to the risks of purulent absorption, with septicæmia or phthisis, to the formation of lardaceous internal organs, to disabled limbs and exhausted constitution. Caseous glands often require removal before secondary deposits in the lymphatics of internal organs have occurred, and the amputation of limbs and organs or the resection of joints should not be postponed until the system be broken down.

In intestinal obstruction and in laryngeal diphtheria, surgical interference may offer the only chance of preserving life, and even a short delay before such proceedings may turn the scale to the fatal issue. In strangulated hernia it is claimed that homœopathic medication is often efficacious, but where firm mechanical stricture is diagnosed the reliance upon *nux*, *opium*,

and *veratrum* must not lead us to postpone operation until this be too late.

In hæmorrhoids, medication has been shown by our school of therapeutics to be sufficient for rapid cure in a large proportion of the cases which used formerly to be handed over to the surgeon. But even here, where there is obstinate prolapse, or exhaustive bleeding, or a resistance to constitutional medication, the rapid benefit which so commonly follows a suitable surgical proceeding should not be denied our patients, nor the young homœopath who resorts to such treatment regarded by his confrères as having smirched the homœopathic flag or neglected his repertory. Ischio-rectal abscess, rectal ulcer, fissured rectum or anus and other similar affections belong to the same category.

I can only allude to spinal curvature, urethral stricture, phymosis, calculi, polypi, carious teeth, the irritation of dead bone or other degenerated tissue, retained secretions or excretions, as being cases where other than medical treatment is generally required; and to parasites whether external or internal, as being often quite beyond medicinal reach.

I do not agree with those who believe our rule of practice suffices for "all the ills that flesh is heir to," or even with those who teach that surgery is only to be resorted to when every possible drug has been employed and has failed. Delay is often dangerous as well as tedious. Only within the last few months the lives of the two doctors who live nearest to my own residence have been saved by surgical means. The one, a distinguished allopath, after becoming almost moribund under medical treatment, has been restored by repeated removals of pus from the pleural cavity; the other, one of our best known homœopathic practitioners, and who had the advantage of all the homœopathic advice our city affords, would have perished but for a rare operation skilfully performed by one of our workhouse surgeons. One of the older members of our body in this city, and one of the most enthusiastic as to the power of drugs homœopathically applied, in consulting me a short time ago about a case, wrote: "It is always so, and tumour after tumour comes to me in the hope that I'll try medicine, and yet I have only seen two dispersed. An old woman had a hard mammary nodule cured with *conium*,

and a fatty tumour went after taking *calcareo*." Now, when we consider that fatty tumours often disappear spontaneously, and mammary nodules occasionally do, I do not think this can be regarded as a brilliant experience after long years of practice.

The disorders which can only be surgically relieved have diminished considerably in number during recent years, and that they will go on steadily decreasing is my belief and my hope; but that there are still a large number which as yet offer no prospect of direct cure as distinguished from palliation, except by surgery, I also firmly believe, even leaving out of account the results of injuries.

To homœopathy belongs the honour of the rescue of a large domain from surgery for medicine; but we must be on our guard that this success does not lead us to encroach on surgery's legitimate domain. If by my short paper I can induce some of our younger members to devote some attention to surgery, so as to be prepared to perform our operations; if I can evoke a discussion which shall be of use to us in what are often our most puzzling cases; then, in the words of the immortal showman, "my object will have been accomplished and more too."

#### DISCUSSION.

Dr. BROTCHE (Belfast) opened the discussion. He said there were cases, such as fistula in ano, cancer of the breast, and strangulated hernia, which must be at once operated upon in order to save life. Medicine was of no use, and they were only dallying with them in giving medicine. In his opinion, to give a man who had got a diseased bone, *calcareo* 200, instead of allowing him to undergo an operation, was very foolish. This Hahnemann Hospital would be a very great field for operations, and he had no doubt that it would be the means of producing many good surgeons among homœopathic practitioners. He remembered seeing a case a short time ago, it was a disputed case of calculus of the bladder, and the man had been under Sir George Porter, at Dublin, and some other practitioners. He (Dr. Brochie) examined the man and found that he had a stone in the bladder. The man said, "You profess to remove this by giving some drug, do you not?" He replied, "No drug will remove it." The man then said, "I thought you homœopaths did not believe in operations." He afterwards went to Sir Joseph Lister, in London. Sir Joseph examined him and found that he had

calculus, and then said, "I know Dr. Brochie is a homœopath, but in spite of being a homœopath, he has taken the right view, because no medicine can do you any good. You must have an operation at once." Then, with regard to the removal of polypi, Dr. Brochie spoke of the advantage of operation. He gave in to no man in his sense of the value of homœopathy, because he was a thorough believer in it; but it was necessary to distinguish between cases curable by medicine, and such as required operations for their cure. When he went to Belfast he had a midwifery case, in which he had to use forceps. He asked the husband if he would allow him, when he replied, "I never knew you homœopaths used forceps. I want another man." He (Dr. Brochie) said, "If you want another man, I must retire." He therefore thought it should be thoroughly understood that homœopathic practitioners did not ignore or underrate the value and necessity of surgery.

Dr. MORR (Manchester) asked whether, if they could get the best surgeons in the town, say their infirmary surgeons, who were accustomed to operations every day in the week, was it not preferable to take the operation to them than for homœopathic practitioners who might not have the same opportunity for an operation frequently, to undertake it? Generally speaking, patients had a good deal of choice, and, if they were asked, they generally preferred to get some surgeon of reputation as an operator. Of course it was all very well for them, as general practitioners, to undertake operations of a certain class, but in difficult and serious cases was it not better for the patient to get the most experienced operator? He knew that in Manchester there was no difficulty in doing so. He had had one of the leading Infirmary surgeons doing an operation for him—Mr. Whitehead, who had operated on more than 800 cases of piles, it being an operation he had made a speciality of. Therefore he thought that a case of that sort was better treated by a man who frequently performed the operation than by one who, perhaps, just undertook a case here and there. Mr. Whitehead, in his operation, removes the mucous membrane, and then gets the whole bunch of the piles down together.

Dr. WOLSTON (Edinburgh) said they were very much obliged to Dr. John Hayward for his paper. He thought the outcome of it was that they all wanted to go back and begin *de novo*, and get their education extended. He had done them good service in touching their conscience by pointing out that they were perhaps imperfectly informed, and incompetent where they ought not to be. (Applause.) He believed if they had all more or less kept up their early surgical training, they would have been very much



better practitioners ; he did not say this regarding practitioners of homœopathy, but of all practitioners of medicine at the present day. (Applause.) With regard to the treatment of mammary cancer he took the most profound objection to the statement that every case of mammary cancer should be dealt with by the knife. He said it for this reason. Only two days before that Congress, a lady, who had been a patient of his for years, came to his study and showed him one of the saddest sights any one could look at—a cancerous breast. He did not think anything could give more sorrow than to see a lady in such a sad condition. First of all she asked, What was it she had, was it cancer ? He was bound to say “ Yes.” Then she asked, Would he recommend an operation ? He said he had had twenty years of hard medical life, and had lived in a town where a great deal of cancer prevailed ; he had had a number of cases of mammary cancer pass through his hands, and this he could say, there lived not one of those cases at this moment that had passed through the surgeons’ hands save one. He had passed them by the dozen to the best surgeons in Edinburgh, and the length of life which had been granted to them after the operation had been performed had in no case exceeded twenty-four months ; many of them had died within six months, nine months, twelve months. At that moment he could not conscientiously recommend a woman who had a bad mammary cancer to go and have it extirpated. But, they would say, “ You are admitting failure.” He had tried honestly and failed ; but another thing he might say, he had seen cases where nobody had touched them with the knife, and the patients had gone on year after year, suffering patiently and quietly, until after sometimes ten and sometimes fifteen years they had died. The conviction he had come to was this, that in most cases of mammary cancer, if left alone, the patient really suffered less and lived much longer than if placed in the surgeon’s hands. It was a question what was the right thing to do. At the moment he said to that lady, “ I cannot conscientiously recommend you to go and have this removed,” for he was perfectly certain that within eighteen months he would be called to attend her funeral. He would report a year hence what the result of the case was. As to the subject of piles, he believed they had made a mistake in a great number of instances in not operating. There were some persistent cases of bleeding piles, where the operation was perfectly simple and the result satisfactory. A gentleman went to him a year or two ago who had been in the hands of most skilful homœopaths for five years. He was drained and exhausted. With the galvanic cautery he removed the pile in less than five minutes, and in less than a month the man was quite well.



As to which was the best operation, that was open to criticism. At Glasgow they operated on piles by crushing with powerful forceps. Sometimes he (Dr. Wolston) used the cautery, and sometimes the ligature, but it was not always convenient to have the cautery. On the other hand, to rush boldly into surgery in every case he did not think was called for. He called to mind a very interesting case. A child was about eight months old when the left eye was observed to have a very peculiar twist, and not being in any sense an oculist he (Dr. Wolston) called in the advice of their best oculist in Edinburgh, Dr. Argyll Robertson, who diagnosed it as a tumour involving the eyeball and cavity of the orbit. He also thought it was of a malignant nature, but that it might be allowed to grow a little before being extirpated. The father, who was a strong homœopath, objected to the course advised, and he (Dr. Wolston) treated the case with 8rd decimal trituration of the *bin iodide of mercury* with this result—the absorption of the tumour and the saving of the eyeball. There was a little cast in the eye afterwards, and sight was lost, but no ordinary observer could ever tell that the child, now grown up, had had tumour of the orbit. In every case it was necessary to use the greatest judgment and care, and only to have an operation when it was absolutely required.

Mr. KNOX SHAW (of London) was entirely at variance with the remarks of Dr. Moir, of Manchester, who thought they should rely upon other members of the medical profession to go to their aid in surgical cases, and he was delighted to find that that hospital had not fallen into what he should have considered a very grave error by not appointing a surgeon upon its staff. Wherever there was in a large town a homœopathic hospital, to the staff of that hospital there should be appointed a surgeon and there should be a good surgical *clinique*. Then he was convinced they and all their homœopathic colleagues would be in a position to call to their aid in surgical cases a man who had devoted his time both to surgery and to homœopathic therapeutics. (Applause.) Those who advocated the adoption of surgical treatment and wished to see homœopaths able to carry it out felt that it was not every practitioner who was able or willing to undertake a surgical case. Therefore, as he had said on other occasions, he believed it was a great drawback to homœopathy that they had not a sufficiently eminent homœopathic surgeon amongst them. He would like to add a few observations respecting operation in cases of mammary cancer. It was one of the most difficult questions before the medical profession, and he had had an open mind upon it for the last eight years. For the first five or six years of his practice he had not removed a breast. He

had always advised no operation, and he believed that in the majority of cases that advice was very well bestowed. But of late years he had become convinced that there were some cases, which they would find were materially benefited by the removal of a carcinomatous breast. Though his mind had a surgical bias, yet he would always watch every patient and only operate in accordance with the merits of each individual case.

Dr. COOPER (London) said he remembered, when in Southampton, a case of undoubted cancer of the breast, which had commenced when the lady was 30 years of age; but it had been kept very clean; disinfectants had been applied to it, and it continued during her entire lifetime. That lady died, when she was 74 years of age, of bronchitis. During the whole of her life she had that cancer, and it never developed beyond a certain point. The question was whether, if she had been operated upon it would not have jeopardised her life. Dr. Cooper mentioned three cases of cancer which he had had, where the patients had remained under his care, and now the cancer had nearly disappeared. He did not give himself credit for having any one remedy. It showed him that those cancers of the breast, undoubtedly, from the limited experience he had had, disappeared if the treatment were persisted in. He used *picrate of iron* for this reason, that it had the peculiar effect of causing warts and warty growths to disappear. They all knew the relation between warts and ordinary cancers was very close; they were pathologically allied. For that reason he asked some of them to try the effects of the *picrate of iron* in cases of cancerous breasts.

Dr. MADDEN (Birmingham): What dose have you used?

Dr. COOPER: 3rd decimal.

Dr. HAYWARD, (Senior), thought the question of surgery and homœopathy a very important one to be brought before the Congress of Homœopathic Practitioners. He would refer to two points: Early medication and early surgery. He thought both medication and surgical practice were necessary in all their cases that tended to surgery. His son referred to medication after removal. He said nothing about medication previous to removal. The physician should rather begin his treatment medically at once and before removal, and carry on the treatment afterwards. He noticed the same thing in the remarks of Mr. Knox Shaw, who said he operated on the ankle and then gave *silicea*.

Mr. KNOX SHAW: After two years medication.

Dr. HAYWARD said he had mentioned medical treatment only after the operation. As to the removal of cancerous tumours, if the cancer were absolutely scirrhus,

absolutely malignant, then, he said, before the glands had become infected, before there was any spread of the disease through the constitution, there should be early surgery. He believed cancer was a constitutional condition, that it settled locally, but again re-infected the constitution from the local point. If, after it had settled in any locality, they could remove that focus and prevent re-infection, then it would be of great benefit to their patient. He believed with Dr. Wolston, that if a patient went to them with a large mass of disease and the system reinfected it was really a cruel injury to the patient to attempt removal, and the less they had then to do with surgery the better for their patient. Then as to polypus and piles, they must look at them in the same way; there was a period for medicine and a period for surgery. A man might have an acute attack of piles brought on by a debauch, and in that case to begin to operate at once would be unwise, very unprofessional, and a course no homœopathic practitioner would be called upon to adopt, because he could cure it with medicine. There were cases of polypi and mulberry hæmorrhoids, in which he did think an operation should be undertaken, but in the case of mere simple hæmorrhoids he thought it best to trust to medication. (Applause).

Mr. DEANE BUTCHER (Windsor) considered that the question of surgery among homœopaths was a burning one, especially in small towns and country villages. He thought the bounden duty of every homœopath was as far as possible to use the abundant supply of surgical talent which they had in their own ranks, and a hospital like that they were now in afforded perhaps the only chance of allowing that surgical talent to develop. (Applause). It was not that they had no surgical knowledge, or that they did not endeavour to keep it up; it was because they had no chance of keeping it up. As soon as a medical man became a homœopath, he was shut off from Government appointments, and the public only imitated the Government. It was a very important point, and no young practitioner should on any account give away even one chance of convincing the public of his surgical capacity. If they gave away a case of surgery that they could do themselves, well, properly and satisfactorily to the patient, they gave away such a chance, perhaps their only chance, and in that way they did a serious injury to homœopathy. (Hear, hear). Just lately a case had occurred to himself, which he under the greatest difficulty carried on for seven or eight months. It was a case which had done homœopathy good. It was carried out with great difficulty, because he was not attached to any hospital nor to any work-house, and therefore it went without saying that he was

perfectly incompetent to set even an ordinary fracture of the arm. (Laughter.) Their duty was to their patient first, but, other things being equal, one was guilty of being a traitor to homœopathy if one accepted the help of an allopathic colleague where there was an equally good homœopathic surgeon within reach. He looked forward to surgery amongst homœopathic practitioners as a growth which would develop very largely. Lately he had seen great benefit from it, especially in cases of urethral disease, and he was perfectly certain for himself he would sooner put a patient under some less skilful homœopath than he would under the most skilful operator in the world, who knew nothing of homœopathy. He thought they should have surgeons to whom they could appeal, especially as there was a large school of young surgeons growing up around them. It was the matter of surgery which appealed to the Government and to the Legislature, and medicine, although much more important, did not bulk so big in their eyes. Speaking for himself, the one or two surgical cases, which he had had, had done well in Eton and Windsor and had repaid him abundantly, over and over again, for all the trouble and pains he had taken and for all the anxiety he naturally felt, standing, as he did, alone. (Applause.)

Dr. BODMAN (Clifton), commenting on the relation of surgery to medicine, pointed out the great importance of homœopathic treatment in preparing patients for operations. As an illustration, he might mention a case of advanced ovarian disease. He called in a surgeon, who refused to operate, the general condition of the patient being so low that she was unable to bear the operation. The surgeon expected her to die in about a month. He (Dr. B.) treated her for three months and at the end of that time her general health was so much improved that he called the surgeon in again; he now consented to operate. The patient was taken to the General Hospital, and the surgeon himself, and all who had to do with the case, were greatly surprised at the rapid manner in which she recovered from the operation, a very serious one. Then, as to cases of caries, there were some cases which could be cured by medicine. He remembered one of disease of the shoulder joint, with four or five sinuses, where the patient was perfectly cured by the simple use of medicine. Therefore, he thought it would be a mistake to operate in *every* case, before medicines had been fairly tried. As to cancer, he had come to the decided conviction that if we meet with a case where we are quite sure the disease is local, then by all means operate and follow up the operation with medical treatment. On the other hand, he quite agreed with remarks that had been made by previous

speakers, that if there could be any probability that the disease had spread to other parts, then they would do far better by treating the patient without operation. (Applause.)

The PRESIDENT reminded the Congress that the limit of time had been reached, and that the subject could not be discussed further. He thought the discussion had elicited this fact, that there were extremes on both sides, and that there were cases where the surgeon and physician might act. For his own part he was not a believer so much in surgical treatment as some of his friends were, although he admitted that in certain cases an operation might be necessary, for instance in cases of fistula in ano. He called upon Dr. John D. Hayward for any reply he might wish to make.

Dr. J. D. HAYWARD said he had no remarks to make beyond stating that he had been particularly well understood by Mr. Butcher, and perhaps least understood by Dr. Moir. He did not advocate that they should send certain cases to any particular surgeons, he merely wished to show that a line must be drawn between cases that could be treated by themselves as homœopathic practitioners and those in which they absolutely required surgical help, cases in which they truly and conscientiously believed some surgical aid would be beneficial to the patient.

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## SOME PRACTICAL OBSERVATIONS ON AMMONIA.

BY DR. PROCTOR.\*

MR. PRESIDENT AND GENTLEMEN,—Perhaps there is no drug in the pharmacopœia that can boast of a higher antiquity than *ammonia*. Dating from the time when it was obtained by distillation of the soil near the temple of Jupiter Ammon in Egypt, it has come down to us with a distinguished career through the middle ages, when it was known as *spirits of hartshorn*, in consequence of its being obtained by the dry distillation of horn shavings.

In modern times it is obtained by the ton from the distillation of coal in the manufacture of gas. It was known to us only as *sal ammoniac*, i.e., the *muriate of ammonia*, until the close of the 18th century, when Dr. Black liberated the *alkali* from its combination with *chlorine*, and it was thence known as the *volatile alkali* or *ammonia* simply.

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\* Read before the British Homœopathic Congress, Liverpool, September 22nd, 1887.

A substance of this kind, possessing such well marked physical and chemical properties would naturally be impressed into the service of medicine, and accordingly we find remarkable virtues attributed to it in very early times that have yielded to more moderate estimates in later ones, but all along it has held a high position as a stimulant to the heart and circulation, as an antacid and a gastric cordial, as a diaphoretic in fever, and as a nerve in spasmodic affections, &c. In very recent times it has been studied in respect of its physiological action on the animal body, and with the result of its having been found to possess a very decided action on the liver, the lungs, the gastro-intestinal mucous membrane, and on the blood itself. All these experiments go to confirm the provings that have been made by the homœopathic school, and give an additional sanction to the results we had already arrived at, and in some particulars have added to those results. It would appear that *ammonia*, after absorption, ceases to exist in the free form in the blood, and enters into combination with the plasma. It does not escape by the lungs, as might have been expected, but is quickly oxidised and eliminated by the kidneys as urea in mammals, and as uric acid in birds.

This is a mere hint at the physiological action of *ammonia*; for the details and for the differences between the different preparations of this radical we must resort to our symptomatology, which is pretty complete, having been built up by Hahnemann in his usual masterly manner, and by many of our school after him.

Before entering upon the therapeutic part it may possibly be interesting to some who have not come across Darwin's experiments with this substance, to hear about them, as they afford one of the most striking illustrations of the action of small doses. The experiments have been often quoted, but by no one with more point than by a true Darwinian experimenter and observer amongst ourselves. I refer to Dr. Blackley. In his pamphlet on the action of infinitesimal quantities in inducing physiological action you will find the quotations and the use he makes of them in illustration of his views. In his work on *Insectivorous Plants*, Darwin refers to his experiments with various salts upon the digestive action of the glands of the *Drosera rotundifolia*. Amongst others he tried *phosphate of ammonia*. Surprised at the smallness of the

quantity that sufficed to induce physiological action, he repeated his experiments with every possible care against chances of error. The quantity of *phosphate* was lessened gradually until he found that the twenty-millionth of a grain was sufficient to set up this action. Darwin says "the reader will best realise this degree of dilution by remembering that five thousand ounces would more than fill a thirty-one gallon cask, and that to this large body of water one grain of the salt was added. Only half a drachm, or thirty minims, of the solution being poured over a leaf. Yet this amount sufficed to cause the inflection of almost every tentacle, and often of the blade of the leaf." He goes on to say: "I am well aware that this statement will appear incredible to almost every one. *Drosera* is far from rivalling the power of the spectro-scope, but it can detect, as shown by the movements of its leaves, a much smaller quantity of the *phosphate of ammonia* than the most skilful chemist can of any substance." As this experiment is likely to become a classic one, you may, perhaps, excuse me in referring to it at this length, more particularly so as the substance experimented with was *ammonia*; and as it also illustrates the position we maintain that the vital sensibility to drug action is infinitely finer than any test that the chemist can employ. It further illustrates the well known law that a drug that stimulates a function in small doses overpowers the same in large ones. If we draw the parallel of the *drosera* tentacles with the cilia of the air tubes, we can understand that a small dose of *ammonia* might promote expectoration, whilst a large one would defeat the end for which it was given.

To return to the subject and take up the thread where it was dropped, we are now to consider some practical points in relation to *ammonia*. And here I would premise that I have no new facts to bring before you. They are all old and more or less known to us. My object is to dwell rather upon some of the therapeutic properties which have presented themselves to my notice, and commend them to your consideration.

As a preliminary remark, *ammonia* is a drug with very little organic specificity. It acts very generally over the whole system, in this respect resembling soda; consequently, we find its influence pervading most of the



tissues, and hence its homœopathic indications have to be drawn rather from the kind of action than the seat.

Let us see, in the first place, how it affects the respiratory tract. Its action as a mucous irritant is well marked, and presents us with a picture of acute catarrh and bronchitis, having the characteristics of great vascular congestion and thin watery secretion. The obstructed nostrils, the irritated throat, the tickling cough are recognised as guiding symptoms. Congestion is the key-note of *ammonia*; catarrh with thin secretion separates it from a host of catarrhal medicines at once. Besides, the secretion has no irritant properties, and this again is a help. The action seems to extend along the whole tract of the mucous surface. It is, therefore, eminently a catarrhal medicine, and you will notice with what a true instinct this has been generally arrived at. At the present time *ammonia*, in the form of smelling salts or cigarettes, is in popular use, and its virtues have been so highly extolled by some that we are assured it only requires the ammoniaphone to develop a pure Italian singing voice. This is claiming too much for it; but the truth underlying it all is the fact that *ammonia* is homœopathically indicated in certain forms of catarrh, and from my observation it is very generally indicated and widely useful. In catarrhal croup I have learnt to trust very much to it, and in bronchitis the muriate is a remedy of the first order. Our allopathic friends are not clear as to its indications, some recommending it when the secretion of mucus is excessive, others when it is deficient and ought to be increased, but all agreeing that it is an expectorant in helping the expulsion of mucus. The fever accompanying the catarrh is characterised in the case of the carbonate by little or no chill, but vigorous reaction, with great vascular turgidity. Such catarrhs are very common in hot weather and hot climates from a sudden chill, and are very common in all temperatures when the chill has been received under circumstances of great vascular excitement, such as the after-dinner cold, which we are made acquainted with the next morning. Whilst on this point let me remind you of the usual course of a cold of this kind. The system is affected after the manner of a concussion to a train. The first carriage receives the impact, and this is transmitted to the next



and next until it has passed the whole length of the train. We begin with sneezing and nasal catarrh, the irritation travels downwards to the throat and larynx and bronchial tubes, perchance setting-up pneumonia. It passes in the same way down the æsophagus to the stomach and bowels, maybe setting-up catarrhal jaundice *en route*, or down the urinary tract to the bladder, and in mild cases finishes up with catarrhal rheumatism. Well, our *ammonia* travels over the same ground, and as we see by our provings, furnishes us with lumbago and other local pains in the framework of the body. The peculiarity of its intestinal action is the copious production of clear mucus. As a glandular medicine, however, it seems to have little or no action. It is true the *muriate* has been found to be a cholagogue, but it seems more probable that such action results from the increased vascular activity in the liver than from any specific stimulation of the biliary elements. In our provings we see nothing like jaundice, consequently where such is present specific hepatic remedies are called for. In gastric catarrh, the *muriate* has decidedly a claim upon our consideration, as its symptoms point very strongly in that direction. The first decimal trituration is a favourite dose with me. It may be remembered that Dr. Stewart wrote a paper in the *Lancet* a few years ago, recommending the *muriate* in twenty grain doses in acute hepatic congestion in hot climates. He had had great success with it, but I am not aware that his practice has been followed to any great extent. However, recognising the similarity in many respects between the action of *ammonia* and that of *alcohol* on the vascular system, one may infer by analogy that this practice is likely to be good, and acting on the hint I have found the *muriate* efficacious in hepatic congestions in persons exposed to heat, such as cooks and others in this country. Also I have proved its value in hepatic affections consequent on the use of alcohol, and I have a strong feeling that it is likely to afford help in cirrhosis, and shall be disposed to try it in substantial doses in a future case.

Let us turn to another aspect of the therapeutics of *ammonia*. In scarlatina it has had a considerable reputation in the old school, but with the usual instability of allopathic medicine it has passed out of favour,

although Ringer tells us that Dr. Peart treated nearly 300 cases without a single death. In our school it stands where its provings placed it as a remedy for scarlatina with anginose symptoms, but without cerebral disturbance and with slight eruption, or even tending to retrocession. The force of the disease is spent on the throat. The *carbonate of ammonia* is more particularly indicated in scarlatina, just as the *muriate* is in catarrh, and as we shall see presently, the *liquor* or *caustic ammonia* is in diphtheria. As illustrating its action on the skin, in addition to a scarlet eruption that has been noticed in a few cases on the upper part of the body, Hahnemann mentions the symptom, "the skin of the palm of the hand peels off (after four days)." I am able to confirm this by an unintentional proving on a patient. A man for some gastric derangement got a prescription for *am. carb.* 1x trit. to be taken for a few days. He took it by mistake for about three weeks, at the end of which time he casually pointed out to me that the skin of his hands was peeling off, as after scarlatina. He had had no illness in the meantime, and I could only put it down as a pure drug symptom.

The general tendency of the scarlatinal symptoms of *ammonia* being towards the anginose type, it is obvious that it would be tested in diphtheria. Accordingly we find it recommended in all our books, but it seems not to have received as much attention as it deserves. Its power over sloughing conditions of the mucous membrane was strongly borne in upon me some years ago, when testing the *liquor ammonia* bottle on one occasion in the dark by applying the stopper to the tongue. I was at once convinced I had got hold of the *ammonia* and in a minute or two I found the *ammonia* had got hold of me, for it removed a patch of epithelium and left a sore place behind it for two or three days. The most remarkable evidence in its favour in the treatment of diphtheria is given by our colleague, Dr. Thomas, of Llandudno, formerly of Chester. He informs me that he has relied upon *ammonia* in diphtheria for the last twenty years, and has treated some 180 cases with only one death. His method is to give the *liquor ammoniac fortior.* of the *British Pharmacopœia* in half or quarter drop doses every two hours until the exudation is fairly gone; the treatment to be continued night and day. I

am not aware of any body of evidence in our school to compare with this in respect of *ammonia*, and I trust Dr. Thomas will publish his cases, with details, so as to enable us to follow his treatment with the confidence derived from his experience.

The most striking support of the *ammonia* treatment that I can find in our literature is in a case mentioned by Raue, and, although a single observation, carries with it great weight. The case was one where there was croupous cough, which threatened suffocation every minute. The lower part of the pharynx, as far down as could be seen, was covered with a white exudation. The patient was in the greatest agony, frequently jumping out of bed and gasping for breath. The details of the treatment are not given, but it is merely stated that *ammonia caust.*, 15 drops to a glass of water, cured the case (*Special Pathology*, p. 300, 2nd Edition). Evidently here was a condition of diphtheritic croup of a very severe type, and recovery from a state of extremity like that by the use of a single remedy is not to be lightly passed over. For my own part I am disposed to regard the *ammonia* treatment as full of possible good, and worthy of our most careful attention.

There is one other practical use of *ammonia* that I would refer to, although it cannot be considered as either homœopathic or allopathic, but simply as the utilising of a physiological fact in medicine. You are aware of the power possessed by *ammonia* to retard the coagulation of the blood by some solvent action on the fibrine. Now it occurs to me that if this action can be applied to the dissolving of emboli, we shall find a new and important use for *ammonia*. In all such cases we have at present to stand by and see important organs going to destruction, owing to obstruction of the circulation, and can do nothing to save them.\*

It is impossible, within the time allotted to this paper, to do anything like justice to even a single medicine, and I must ask your indulgence for its brevity and discursive

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\* After the reading of the paper at the Congress, Dr. Hughes mentioned to me that Dr. Richardson in his original essay on this subject, pointed out this possible use of *ammonia*, and recently he has published some successful cases so treated. In view of the utility of this treatment, I have allowed this portion of the paper to remain as delivered, although it convicts one of being behindhand.

character. Only a few practical suggestions were aimed at, and if in the discussion that follows the subject is still further opened up, and the value of the drug in many forms of disease common to us is made more apparent, the object of these fragmentary observations will be attained.

NOTE.—“ We have seen that in the larynx diphtheria produces an inflammation in which after the shedding of the epithelium a fibrinous exudation occurs. It is asserted by some that the diphtheritic poison is the only agent capable of producing this form of inflammation. Looking at the matter from a purely pathological point of view, apart from clinical experience, it certainly seems possible that other irritants may produce similar results. Croup has been produced artificially in rabbits by the injection of *ammonia* into the trachea. (Weigert.) In these cases the irritant first kills the epithelium and then fibrine is deposited. If croup occurs in man apart from diphtheria the irritant must be strong enough to destroy the surface epithelium. Apart from the action of minute organisms such an irritant must be of rare occurrence, but the possibility of its existence is not to be denied. We shall see afterwards that in rare cases we meet with a bronchial croup where there can be no question of diphtheria, and so we may have laryngeal and tracheal croup of a simple inflammatory kind.”—*Coats' Pathology*, p. 496.

#### DISCUSSION.

Dr. HUGHES said that he thought Dr. Proctor's paper somewhat spoiled by a lack of distinction between the chloride and the other ammoniacal preparations. The latter acted very similarly, and their dynamic influence seemed but small. The chloride—*ammonium muriaticum*—was a drug quite *per se*. It had already found considerable use in the old school in hepatic affections, mucous fluxes, and several forms of neuralgia. To some of these morbid states it seemed homœopathic, but we know little of its pathogenetic action, and he thought it a drug eminently deserving of attention.

Dr. DYCE BROWN said he was much interested in Dr. Proctor's paper, as *ammonia* was one of those drugs which were so frequently prescribed by the old school homœopathically, though it seemed never to have occurred to them that such was its action. In the form of *sal volatile* it was perhaps the most universally used “diffusible stimulant,” and was of real

value, in doses of a few drops, in fainting and nervous prostration. Now it is, or ought to be, well known that large doses of *ammonia* produce the very opposite effects, namely, faintness, collapse, and cold blue extremities and face. Hence its use in small doses in faintness and nervous prostration is an excellent example of unconscious homœopathy. This being so, he quite approved of its use in such cases, and there was no doubt as to its value, as every woman knew.

Dr. MOORE said that there were great differences between the action of the two chief preparations of *ammonia*—the *carbonate* and the *muriate*. The *muriate*, possessing a catarrhal action on the nose and throat, was suited to more chronic conditions; while the *carbonate* was more allied to acute states and to low febrile conditions.

Dr. BROTCHE, referring to the lack of distinction shown in Dr. Proctor's paper between the two *salts of ammonia*, said that in the absence of Dr. Proctor he would endeavour to give the differential diagnosis between them. He had found the *muriate* useful in catarrhal conditions of the nose; in tracheitis of young and old people where there was an accumulation of mucus, a passive form of the disease in congestion of the liver, and also in sciatica. In the two latter conditions, he gave it in material doses, and in the former in the first decimal trituration. The *carbonate* he had found most reliable when there was any suppressed eruption, as in measles or scarlatina. At the same time he gave a warm bath.

Dr. WOLSTON (Edinburgh) said that Dr. Proctor's observations on the action of *muriate of ammonia* had been already turned to account by the use of its vapour in a nascent condition by specialists in the treatment of chronic catarrh of the Eustachian tubes, and of the middle ear. The remedial effect of the drug in this class of cases was a truly homœopathic action.

Dr. DUDGEON agreed with Dr. Hughes in thinking that the action of *ammonia caustica* and *carbonica* was totally dissimilar to that of *ammonia muriatica*. He had seen very rapid sensitive effects from the two former remedies in coryza and catarrh, and also in fevers of a low type, especially scarlet fever where it showed a tendency to take on a typhoid character. He had found *ammonia muriatica* very serviceable in the intercostal neuralgia so often met with in young women.

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REVIEWS.

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*A Clinical Materia Medica.* Being a Course of Lectures delivered at the Hahnemann Medical College of Philadelphia by the late E. A. FARRINGTON, M.D. Reported phonographically and edited with the assistance of the author's manuscript by Clarence Bartlett, M.D., and revised by S. Lilienthal, M.D. With a memorial sketch of the author by Aug. Korndœfer, M.D. Philadelphia: Sherman & Co. 1887.

THE work before us is one of the most valuable because the most practically useful of any that has issued from the medical press for some time. It differs from any treatise of *Materia Medica* that has hitherto been published in that it is essentially of a clinical character. The author, in the opinion of those best qualified to judge of him, was a born teacher. He possessed the power of communicating knowledge to others in a more simple and effective manner than any of his contemporaries. His method of setting forth the properties and uses of a drug, as portrayed in these lectures, largely justifies the estimate his friends had formed of him. Few men have given longer or more thorough study to the effects of drugs upon the human body, few have possessed a keener or truer insight into the nature of those effects than Dr. Farrington, while no one has presented the results of his study and research in a manner better adapted to the wants of the practitioner than he has done.

We have in our volume for 1886 published two of these lectures, the one on *apis melifica* and that on *sepia*, so that it is unnecessary for us to illustrate Dr. Farrington's method by a quotation. In the course of a lecture he first of all describes the general action of a drug, pointing out its influence on the blood and blood-vessels, the lymph and lymphatics, the various parts of the nervous system, of the muscles, tendons, ligaments, bones and cartilages, the serous and synovial membranes, mucous membranes, connective tissue, skin and the several organs of the body. This he does in tracing home to their several sources in the tissues and organs of the body the symptoms to which taking it has given rise. Then he describes the states of disordered health which resemble the perturbations of function or alterations of structure he has shown the drug to create. And now—and here it is that the special value of Dr. Farrington's book is so prominent—when pointing out the indications for the special uses of the drug he is studying in a given form of disease, the author shows the varying circumstances in which other medicines are indicated in the same class of cases, and the points of difference in instances of the same class in which

each medicine is called for. It is in his power of differentiation, which nothing but an extensive and intimate knowledge of drug-symptomatology and a wide clinical experience can give, that the excellence and practical utility of Dr. Farrington's book appear so striking.

We have had other works on *Materia Medica* better adapted for the use of the neophyte in homœopathy, but not one which so fully meets the requirements of the physician who is thoroughly convinced of the truth of homœopathy, and is anxious and determined to carry it out in practice to the fullest possible extent.

It is a book which should not merely be in the library of every physician, but which should have a permanent position on his study table, one of which a lecture might be advantageously read every day by the most experienced amongst us, one by the light of which cases may be studied more usefully, perhaps, than by any other on the same subject.

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*Otis Clapp & Son's Visiting List and Prescription Record. Perpetual.* Boston and Providence: Otis Clapp & Son.

We can cordially recommend the Visiting List before us. It is so arranged as to be adapted for any year. Two spaces are marked off for each day, the one for the insertion of the sign indicating a visit paid, the other for the name of the medicine prescribed, while at the end of each week is a space for remarks and another for charges. By this plan the practitioner has a day book and visiting list in a compact form and in one pocket-book. At the commencement are notes on the pulse, temperature, disinfectants, poisons and their antidotes, and at its conclusion a number of pages are assigned for clinical notes and engagements of various kinds. Taken altogether it is one of the most convenient and useful visiting lists published.

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## MEETINGS.

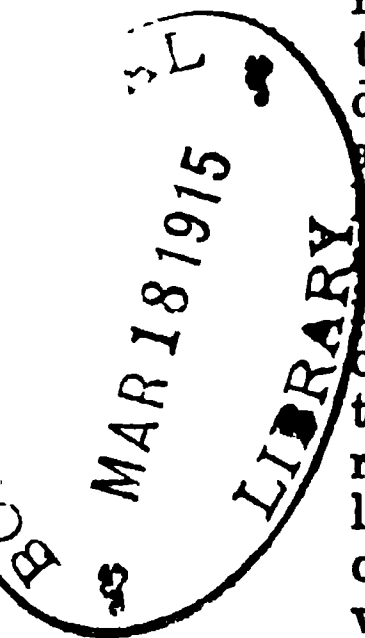
### MEETING OF MEDICAL PRACTITIONERS AT THE LONDON HOMŒOPATHIC HOSPITAL.

A MEETING of Medical Practitioners interested in the proposal to found an "Association of Medical Practitioners who accept the Homœopathic Principle in Therapeutics," took place on Wednesday, November 28rd, at 8 p.m., in the Board Room of the London Homœopathic Hospital, lent for the purpose by the Board of Management. Among those present were Drs. Dudgeon, Hamilton, Pope, Dyce Brown, F. Nankivell, Murray, Roth, Percy Wilde, Jagielski, Moir, G. Blackley, Harper, Noble, Day, Neatby, Knox Shaw, Carfrae, and Wheeler.



On a proposition by Dr. Roth, and seconded by Dr. Wheeler, Dr. Dyce Brown was elected to the chair.

Dr. DYCE BROWN then stated that at a preliminary meeting held at his house to talk over the desirability of founding a New Association, having for its primary object the elimination of sectarianism from the medical profession, the scheme Dr. Percy Wilde had set forth in his excellent paper recently published, was fully considered and discussed. They had all had a copy of that paper, and might be assumed to be in possession of the scheme proposed. Some misconception as to the purposes of the New Association, however, existed; a number of letters had been received from members of their body, not resident in London, which plainly showed that some misapprehension existed with regard to the objects and intentions of the Association as related to other societies. He desired it to be fully understood that it would not clash with any other society whatever. They all looked forward to the happy time when both schools of medicine would be united, and they could honestly say that any difficulty which existed in accomplishing that desirable result arose on the part of the old school. Notwithstanding that, it was hardly to be expected that their friends of the old school should "eat the leek;" rather it was ours, as being wholly in the right, to show a liberal spirit, and do whatever we could to remove unnecessary obstacles to union. There was no one present at that meeting who would propose to give way on any single point of principle. Some correspondents had supposed that there was a wish to make overtures to the old school on the basis of undue concession. This we repudiate. Our aim is to bring about a better mutual understanding, not to give way on a single point of importance. Now what could be done to further that view. The Therapeutical Society was started some time since by Dr. Wilde on the basis that no man should be excluded from it on the ground of any theory or practice of medicine. Some members of the old school co-operated in founding that society. It began in a small way, but grew; and its great advantage was to be that their brethren in the old school would see by association with them what homœopaths really believed. But unfortunately after it had been started, its London committee departed from this principle, and passed a law to the effect that no one committed to any one theory or practice of medicine should be admitted a member. On what ground? The objection did not appear to be against homœopathy. The great obstacle was stated to be the existence of a homœopathic directory. They got hold of one issued by a firm of chemists, which was not really a directory, but merely a business advertisement sheet, with a list of medical men at the end. Now





this one great stumbling block Dr. Wilde had thought could be very easily removed ; and in fact, it had been ascertained that so far as that so-called directory was concerned no difficulty would be found as to its removal. There was another published by Messrs. Thompson & Capper, and that firm would not object to suppress it if such a course would be agreeable to the profession. Then as to the very excellent directory issued by Messrs. Keene & Ashwell, some arrangement might be possible. At the same time there was this difficulty : a list of some kind was necessary. The profession ought to know who were their colleagues, and for the purposes of calling Congresses and for other matters a list was a necessity. It was not of so much importance to the public as some seemed to think ; in fact the public could hardly be said to know of the existence of the present directories. Therefore it had struck Dr. Wilde that their requirements would be met by this Association, which would have as an object to enrol not only all present avowed homœopaths, but also those friendly to the homœopathic principle in the old school. This would certainly serve as a full list of all practising homœopathically. And if this was sent out in a report annually, it would answer all the purposes of a directory, and it was hoped conciliate those who objected to the present directories. Nor could any fresh objection be taken to the proposed report, as the issue of such a report and list of members was customary in learned societies. For example, the Ophthalmological Society issued such a report. That was one idea of the New Association, that its annual report should take the place of the directories, which were undoubtedly necessary for legitimate and professional purposes. The next question was, Would the New Association do any good ? In answer to that, we must go on the assumption that the objection raised to the directory is real, if so by the course proposed we take away their standing ground. We can only say then, that we have done our best to remove the objection. So that we put them, if obdurate, in a much falser position even than they occupy at present. Another object of this Association is equally important, the formulation of an official statement of what the views of homœopaths really are. There are so many gross mis-statements made, such as those by Dr. Lauder Brunton and others, and homœopathy is so much damaged by false conceptions as to its real character, that it struck Dr. Percy Wilde that it would be most valuable, if it were possible, to have an official statement agreed upon and published, showing what the views of the homœopathic school really are, and making, as a consequence, misrepresentation impossible. The importance of this suggestion was shown recently by what happened when the lists

of intending members were being made up. A leading homœopath had given in his name, after which another practitioner of the high dilutionist section called, and seeing the name of the first exclaimed, "Oh, but he is not a homœopath at all!" So that an official statement of what is really essential to homœopathy would be most valuable and important. Such were the two main features of the proposed New Association: of course there would be other purposes. There were certain objections urged as against this scheme. It was said such an Association was not required, as there was the British Homœopathic Society. Now the objects of this Association were different from those of the Society. The New Association would not clash in any way with it. The Society refused to take up the question of special directories and to formulate any statement of principles. Again some gentlemen think that we concede too much; they fear that we desire to "Koo-too" to our opponents of the old school. Now I think from what I have stated it will be admitted by all that there is nothing of the kind. In a difference which has lasted so long we could not expect absolute surrender to us, and it was simply proposed to meet the difficulty half-way. A third objection was that the Association was altogether useless; that, in fact, it would not come to anything. But this was simply begging the question. Its first object was to remove the complaint of a special directory, and to substitute for it an annual report; its next to promulgate a statement of the accepted principles of the homœopathic school. He would now call upon Dr. Percy Wilde to lay his plans before the meeting in his own words. (Cheers).

Dr. PERCY WILDE said that after the extremely lucid statement which had been made by the chairman it would be hardly necessary for him to enter upon either the principles of the proposed society, or the objections which in certain quarters had been raised to it. In fact the objections described by Dr. Dyce Brown, were identical with those named in the very numerous letters he had received. There were many who heartily approved the society, and offered their names as members; some who approved, but had not actually applied for membership; others who had doubts, which he thought could be removed; and none expressed decided objections excepting Dr. Skinner, who had sent a post card to express a want of sympathy with the movement as not being true to the exact doctrines of Hahnemann. Dr. Wilde, continuing, said: The inquiries which I recently ventured to address to the members of our body have furnished evidence which I think you will consider very encouraging. It has been a fixed belief with our opponents, and I think the view is not

altogether rejected among ourselves, that it is impossible to obtain any unanimity of opinion as to what are the essential aims and principles of homœopathic practitioners. The assumed divergence of opinion has encouraged our opponents to publish various caricatures of our opinions, and we have up to the present moment only found ourselves in a position to disassociate ourselves from these caricatures as individuals, instead of as a body, and the natural result has been that "individuality" has been strongly developed in a body, when unanimity of opinion is the only source of strength. Gentlemen, you know the method of my inquiry, I wrote down what I conceived to be the essential aims and principles of the members of our body, and I supplied with each copy of that statement a paper, upon which I invited those who differed from any one of the propositions therein contained, to write down their objection in the form of an amendment. This was sent to every practitioner whose name was in the Homœopathic Directory. As a result I have received a large number of returns, some of them containing amendments, but not one of these amendments shows the slightest divergence of opinion as to our essential aims and principles. On the contrary they may be generally regarded as direct improvements on the original statement. These returns also illustrate the value of this mode of investigation, for points which have escaped the notice of one reader have been observed by another, and in others, when in drawing the original draft, I found a difficulty in expression, the amendment has given just the right one. We have it then as a fact that every member of our body has had an opportunity of expressing any difference of opinion he may hold, and the result has been that practically not one scrap of evidence has been afforded of the existence of any essential difference of opinion amongst us on a question of principle. The following gentlemen whom I have been asked to propose as members of this Association are among those who have expressed general approval of the principles set forth in the official statement. Dr. D. D. Brown, Dr. Hamilton, Dr. Roth, Dr. Noble, Dr. Harper, Mr. Knox-Shaw, Dr. H. Wheeler, Dr. Roberson Day, Dr. E. A. Neatby, Dr. Powell, Dr. L. S. Hahnemann, Dr. Lloyd Tuckey, Dr. A. H. Buck, Dr. Cooper, Dr. Sandberg, Dr. Pullar, Dr. Jagielski, Dr. Cutmore (London), Dr. Percy Wilde (Bath), Dr. Mc Killiam (Blackheath), Mr. Deane Butcher (Windsor), Dr. Moore, Dr. Hayward, Dr. J. D. Hayward, Dr. L. E. Williams, Dr. T. Simpson, Dr. E. L. Capper, Dr. A. J. Rowbotham (Liverpool), Dr. D. Moir (Manchester), Dr. Hayle, Dr. Stopford (Rochdale), Dr. Gibbs Blake, Dr. G. A. Craig (Birmingham), Dr. Hughes, Dr. Belcher, Mr.

Ockenden (Brighton), Dr. Pope, Dr. Neild, Mr. Pincott (Tunbridge Wells), Dr. Croucher, Dr. Frank Shaw (St. Leonards), Dr. H. Nankivell, Dr. Hardy (Bournemouth), Dr. E. Williams, Dr. S. Morgan, Dr. Nicholson, Dr. Fallon (Clifton), Dr. Vernon (Yeovil), Dr. Collins (Malvern), Dr. Reith (Aberdeen), Dr. A. Williams (Sydenham), Dr. Purdom, Dr. Delepine (Croydon), Dr. E. B. Roche (Norwich), Dr. W. Roche (Ipswich), Dr. Cash, Dr. Edgelow (Torquay), Dr. Mason (Leicester), Dr. Hastings (Ryde), Dr. Stoneham (Ventnor), Dr. Murray (St. Albans), Dr. W. A. Kennedy (Newcastle-on-Tyne), Dr. Alexander (Plymouth), Dr. Hawkes (Ramsgate), Dr. Harvey (Southport), Dr. Guinness (Oxford), Dr. Scott (Huddersfield), Dr. Giles (Folkestone), Mr. Nankivell (Penzance), Dr. Wilde (Weston-super-Mare), Dr. F. J. S. Wilde (Nottingham). When the aims and purposes of this Association are more fully understood it will be seen that it, in no single point, overlaps or comes in conflict with the British Homœopathic Society. That is our "Parliament." This Association may be regarded as our "Army." The one is the place for debate, the other for united action. In respect to those who think we cannot succeed because "general acceptance of any scheme" is an impossibility in our body, I think the evidence already presented is the best answer but I would venture to clear up one point. Some appear to be impressed with the idea that unanimous consent is absolutely essential. I hold that it is desirable, but not essential. We are a body of medical practitioners, fully agreed upon the nature of our aims and our principles, and we have associated ourselves in order that we may uphold these principles in an effective manner and clear ourselves from misrepresentation; we have no practical concern with those whose principles we do not know and who will not make their principles known. Life is too short to allow any such considerations to hinder us. The next objection concerns the hopeless depravity of the medical profession towards homœopathy. Some appear to think that any effort to approach them must be accompanied by failure. I am not so sanguine as to suppose that directly this Association is formed our old opponents will rush to meet us with open arms. But I venture to think that it will place us in the best position to meet attack, and enable the more liberal-minded of our opponents to join us in that fight for liberty of opinion, which is necessary alike to the advancement of our principle and the honour and dignity of the medical profession.

The CHAIRMAN then read letters he had received from Dr. Hughes, Dr. Epps, Dr. Hayward, Dr. Craig, Mr. Hempson Denham, Dr. Wynne Thomas (Birmingham), and Dr. Mackin-

tosh, and added his regret that Dr. Pope, who had been present, had been called away by telegram.

Dr. DUDGEON said it had struck him when the matter was first named, that a new society for the purpose of advancing homœopathic doctrines might be a desirable thing. Now the Association proposed to them made no mention of work whatever. What would be its function? The only things suggested were that it should formulate a creed and publish a Directory. He desired to object to that most strenuously. Their body did not want a formulated creed, all they wanted was Hahnemann's formula—" *Let likes be cured by likes.*" He would certainly never allow his name to follow a creed of eight articles. Also he objected to his name being published in an Official Directory. As to a Chemists' List, he had nothing to do with that. And as the directories of the old school now allowed the insertion of the titles of homœopathic works, he failed to see the necessity for any other. That privilege was secured by his friend, Dr. Alfred Drysdale, who finding that the publishers of a directory declined to insert a list of his homœopathic works after his name, promptly threatened to apply for an injunction restraining them from publishing the book without, whereupon they consented to insert the works in question, remarking that this course would have the advantage of preventing the public from mistaking a homœopath for an allopath. (Laughter). He was glad to hear from the chairman in his observations that some person had testified to his being no homœopath, (laughter) a reason perhaps why the Therapeutical Society had accepted him as a member. He urged all to join the Therapeutical Society. and added, if we all send our names they could not dare to reject us. Their rule is that no member should practise exclusively according to one theory. We are no more exclusive practitioners than Ringer or Lauder Brunton. They practise homœopathically; we occasionally practise allopathically. Therefore, on all grounds, I must not only not join such an Association as that now proposed, but I must oppose it as likely to be productive of great harm.

Dr. HAMILTON said that when Dr. Percy Wilde sent him the preliminary papers, he replied that the object was very good if it could be carried out. He had come to see what practical shape the matter might take. But he could not see what basis it had. It was proposed that certain steps should be taken to disarm opposing criticism and to promote union. But did they really think it likely that a union could take place? It had been tried again and again. The prejudice against them was so great that any actual union was most improbable. He had recently been walking home with a very eminent physician of

the old school, who, in the course of conversation, remarked : " You and I are very much the same : I give small doses—you don't give much." Whereupon he (Dr. Hamilton) replied : " Then why give us the cold shoulder." The fact was there was a wide separation, and a union was hardly possible. We, he continued, could not allow them to come and practise in our hospital ; they will not allow us to go and practise in theirs. They have their ideas ; we have ours. We have rules more or less exclusive in our Homœopathic Society ; they have theirs. After some remarks as to the constitution of the British Homœopathic Society, Dr. Hamilton said that his idea was that the principle of the proposed Association was good enough ; but whether it was practicable was another question. It was also quite a question whether such an Association was not unnecessary. As to the Official Directory, that, he thought, would be quite a mistake. The objection of the allopaths to their publishing a directory saying who are homœopaths was, he thought, a very weak one ; though as they now inserted the titles of homœopathic works, he didn't quite see the use of any other. Altogether he doubted very much whether the Association was wanted. At all events, the subject required very great consideration by a quiet committee first of all. He originally approved of the scheme, and gave one or two suggestions ; but it still required further careful consideration.

In reply to a question, Dr. DUDGEON said that in regard to the published directories he merely replied to the question asked by the publishers simply returning their circulars. He did not see that that involved responsibility.

Dr. NOBLE : We certainly are responsible for our replies, and for their publication. He asked Dr. Dudgeon if he had been admitted a member of the Therapeutical Society after the passing of the new rule.

Dr. DUDGEON replied that he was not yet aware of any new rule.

The CHAIRMAN : Perhaps it would be better to put the question in this way : Has he received the official circular acquainting him of his appointment ? Until the month of January no appointments could be made—the secretary merely had to receive names, not to make appointments.

Dr. PERCY WILDE said that the secretary received names, the committees appoint. No candidate would be objected to on the ground of homœopathy, but as committed to a special kind of practice. They will say, " You hold yourself out as practising homœopathy," and produce the published directory as evidence thereof. The candidate cannot rebut it, and he consequently falls under the rule. He will be rejected on a technical offence or technical evidence. He did not believe



they could take up that position if the proposed new Association were formed. It would be impossible to convince anybody that those represented in a directory were not responsible for the publication of their names. With regard to *Churchill's Directory*, it did not supply the unquestioned need of a list of those believing in the homœopathic principle in therapeutics.

Dr. FRANK NANKIVELL pointed out that *Churchill's Directory* contained the names of homœopathic works written by homœopathic practitioners.

Dr. NOBLE said in connection with the Therapeutical Society that body would probably admit them as members on certain conditions. But if, when admitted, one of them offered a paper on *calcareo carbonica* 6x as a remedy for tubercle, that paper would not be allowed. The Gynæcological Society was fairly liberal, but when Dr. Edward Blake offered to read a paper on the value of *hamamelis* in affections of the womb, they found themselves obliged to decline. At the same time he very cordially approved of Dr. Wilde's scheme. The lamentable breach in their profession, unless some such action was taken, would never be healed. As a proof, he mentioned that two allopathic neighbours of his were quite willing to join that Association. And personally he therewith tendered his name as a member, and would withdraw it from the homœopathic directories.

Dr. DUDGEON thought the proposal was the most extraordinary method of disarming prejudice he had ever heard of. They constitute a society to formulate a creed showing that they believed in the doctrines of homœopathy. But it was not homœopathy that determined the enmity of the allopath. It was because it interfered with their practice from the predilection of patients for the better method of treatment. The difficulty went much further than could be removed. He had no doubt the Therapeutical Society would turn them out. He applied only the other day to be admitted a member of the Edinburgh University Club, which was not a medical club at all. He applied to a member of the committee who said he would be delighted to propose him. A little later that member intimated that the feeling was so great against homœopathy he was afraid the candidate (Dr. Dudgeon) would be blackballed. Whereupon he replied, "If blackballed, the shame is theirs, keep my name up." (Hear, hear).

Dr. JAGIELSKI understood that the proposition was not to unite both schools, but to bring together those who have learned something and admitted something, and who would come forward to meet them; that in fact they should make an offer of union to those more enlightened members of the



profession who were willing to accept it. It would hardly be possible to unite the whole body, but the new Association would furnish a nucleus of union. If many of the members of the profession would not accept their proposition that was no reason why they should not go forward. They might not get many, but ten or twenty would be a number worth admitting. There would always be a large number of bigots, but that was no reason why they should not hold out their hands to those who were liberal. It would be an education to the whole body, for ten or twenty meeting them would show the possibility of union ; therefore, the proposed Association would do much good. He had found members of the Therapeutical Society, who, if homœopaths were blackballed would leave it voluntarily and at once. And the fact that some were willing to come and meet them proved the existence of a common ground, and that there were those who were willing to enquire further into homœopathy.

Mr. KNOX SHAW said he did not like, as quite a young homœopath, to quarrel with remarks made by such a staunch warrior as Dr. Dudgeon. But he took up a different ground, and looked upon it as quite a duty that they should divest themselves of anything that savoured of unprofessional conduct. By returning the circulars of the publishers of directories they made themselves entirely responsible. With him it was quite a matter of conscience whether he should allow his name to appear in the Homœopathic Directories, and on each occasion that the circular had been sent to him he had debated whether or not he should return it. He had always delayed, but, finally, on considering that they were not allowed to appear as homœopaths in the general directories, he yielded, and sent in the required information. He was convinced of the inadvisability of special directories ; but the difficulty was met by the proposition to publish Annals similar to those published by the Gynæcological and Ophthalmological Societies, to which the term directory could not properly or fairly be applied. Then as to the work of the society, there could be much work done by the society worth recording. And in regard to the Annals, he would go so far as to differ from the remark made by the worthy chairman that the society should publish its annual report with simply a list of names and addresses, without putting the consulting hours. He saw no objection to reasonable and proper information. If he wanted to know an ophthalmic surgeon in his neighbourhood he simply turned up the *Ophthalmological Journal* ; therefore he would give up the directory in order to avoid offending their brethren, and adopt the list issued in due course by the society. He heard the other day that

Messrs. Leath & Ross published names at the end of a little book on Homœopathic Remedies. He wrote and enquired whether they had inserted his name, which he would not have permitted, but he found that they had not. He felt also very strongly indeed that they did want something to show a broad outline of what they believed. When he had stated his views to allopathic men they said to him, "Well, if that is what you believe, there is no great difference between us." One of the principal surgeons of Guy's Hospital seemed to think that I believed all sorts of extraordinary things: when I explained he said: "Then I cannot make out why you are a homœopath." Some remark had been made as to the necessity of the Association. Well, at first he had thought that the work it proposed should be done by the British Homœopathic Society, but he soon found that this was not within its province. He also understood that the New Association might exercise some control over men who called themselves homœopaths. Now, he sympathised very much with the older men of the homœopathic body—those who had borne all the difficulties and struggles, and burdens, and all the misrepresentations of the past, and who now thought that all they had fought for and gained was to be given away. But there was progress in every phase of human life. They must improve, and the youth of old age was very often shown by sympathy with the young. (Cheers).

Dr. ROTH said they had heard much about the advancement of homœopathy, but neither Dr. Dyce Brown nor Dr. Percy Wilde had said anything about advancing work. He would like to hear more of what the Association proposed to do. And as to their list it could not adequately supersede the directory, because it would only include the members of the Association, and might not comprise all the practitioners of homœopathy in England. Then they were to have a statement of their belief. Why they had had a statement for fifty years. And if they had a fresh statement, did they suppose that the old school practitioners would admit it? Nothing of the kind. Nothing had been said about scientific discussion; nothing about provings. What they proposed they could get by any combination of gentlemen without a society. Then, is it not difficult for everyone to sign a general statement. He would conclude by proposing to have a preliminary committee to examine the matter and ascertain whether such a society were desirable.

Dr. CARFRAE confessed that he merely came to learn the nature of the proposals. As yet he could see no *raison d'être* for any new Association. They did not need to found a society

in order to formulate either a directory or a creed. If they objected to the directory, then they should merely refuse to send in their names. If that were truly a real stumbling block it was one easily removed. If, on the other hand, there were dissentients there could be no official statement, and what would be the use of it? Dr. Dudgeon would not join, Dr. Roth may not join. How could it be complete? On the other hand, he shared Mr. Knox Shaw's compunction to sending his name to a special directory; but he knew a friend who had withheld his name, and the allopaths refused to meet him just the same. The important point was, is there any reason to suppose that the existence of a directory was a stumbling block to this or that society? He doubted it. Moreover, a society must have some reason for its existence beyond publishing or superseding a directory. He did not say that he would oppose the formation of the society, but he wanted to see more of what it proposed to do.

The CHAIRMAN then asked if other gentlemen would like to make any observations, otherwise he would call on Dr. Wilde.

There being no response,

Dr. WILDE said that as to the objects of the society, in his original pamphlet he had said more; but in revising it for the purposes of proposing the Association he had left much out, not wishing to cause confusion. The old-school practitioners say, "Think as you like; do what you like; only do not call yourselves homœopaths." His object was to see if any reasonable obstacle to the promotion of a better feeling between the two schools could be removed. With regard to the work, it would be polemical. Every week there were attacks on homœopathy and homœopaths; it would be the function of their secretary to speak on behalf of themselves and a large body of their fellows. With reference to the statement of beliefs, the opinion of all had been asked, and the result had not shown any diversity of opinion, therefore we should be justified as putting that statement forward as representing our principles. Then, as to the list of names, their insertion would prevent misrepresentation, because our views would really be understood.

Dr. DUDGEON said that at length they had arrived at some definition of the nature of the Association. It was to be a polemical society. That was certainly a novel way to ingratiate themselves with their opponents. Now he had been a fighting man all his life (laughter), and his observation taught him this: individuals fight, but councils of war never fight. And the society would have a fighting secretary who would be on the alert and would call together a council who would do nothing.

Dr. PERCY WILDE here proposed Dr. Dudgeon as Secretary. (Laughter).

Dr. DUDGEON said he must decline the honour. He preferred fighting with his own hand. (Laughter.)

The CHAIRMAN, to bring the meeting to a practical issue, read the following resolution, which had been drafted for proposal :—

“ Resolution—

“ (a). That this meeting be considered [the first meeting of] the New Association, provisionally styled the Association of Practitioners who accept the Homœopathic Principle in Therapeutics.

“ (b). That in order to obtain unanimity the proposed Articles of Association be remitted to a Committee to be nominated by this meeting, which shall consider the various suggestions that have been made, and that they shall report thereon to the next meeting of the association.

“ (c). That for the same reason the proposed official statement be remitted for consideration to the Committee, which shall report thereon also.”

Dr. ROTH said that the resolution, as it stood, provided for the discussion of rules, objects and the statement of principles, and he would therefore propose it.

The CHAIRMAN, acting on a suggestion from the meeting, seconded the resolution.

After some debate as to the actual constitution of the society,

Dr. DUDGEON said that many people did not understand the objects and aims of the society. It would be well, therefore, to defer the whole question for fuller consideration. He submitted the following amendment:—“ That the question of the formation of the proposed New Association be deferred till the meeting of the Homœopathic Congress next year.”

Dr. WHEELER rose to second the amendment, in order to have it put to the meeting, and expressed considerable doubt as to the desirability of forming a new society. All the work proposed could be properly undertaken by the British Homœopathic Society. He also, when the subject was first mentioned, had sympathised with the proposals, though he did not think he went so far as to say he would be a member. But in a matter affecting the whole homœopathic body he did not think they should do anything in a hasty way, and the proposal to discuss it at the next Congress, when all the members could be present, was both wise and desirable.

Mr. KNOX SHAW: If the meeting of the homœopathic body in Congress were not at such a long distance, it might be desirable to postpone; but ten months is a long time in one's life, and the question is a serious one which really presses.

As there is, I understand, to be some discussion of the matter in the *Monthly Homœopathic Review*, there will yet be ample time for the expression of all views. Putting off never does any good. If Congress met in a month I would say "Refer the question to Congress."

Dr. DUDGEON thought it most important to take ample time. He had, for example, heard from Dr. Clifton, of Northampton, who could not attend that meeting, and thought a question of that sort should not be settled by a small body in London.

Dr. MOIR proposed another amendment, which was practically the same as Dr. Roth's resolution, leaving out the words "the first meeting of," and was accepted by him.

The CHAIRMAN then put the amendment, which was negatived; and afterwards the resolution, omitting the words "the first meeting of," as suggested by Dr. Moir. The resolution was carried by general show of hands.

On the question as to who should act as the committee referred to in the resolution, Dr. MURRAY proposed, and Dr. NEATBY seconded, the reappointment of the provisional committee, with power to add to their number, which was carried unanimously.

The appointment of a secretary was then considered, and after some discussion Dr. Percy Wilde, Dr. Neatby, and Mr. Knox Shaw, consented to act as secretaries.

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## NOTABILIA.

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### FREEDOM OF OPINION IN THERAPEUTICS.

At the commencement of last year a hospital was opened in the Fulham Road to commemorate the Jubilee of Her Majesty's reign. It seems to have been resolved by the Committee of this hospital that homœopathy should not be practised within its walls, either directly or indirectly; and, that no one should be attached to it, in any medical or surgical capacity, who was connected with any institution where homœopathy was practised. In the present state of therapeutics this excludes every medical officer of every hospital in London from acting on the staff of this Jubilee Hospital! For we are perfectly sure that there is not one where homœopathy is not practised more or less every day of the week! That it is done so empirically, we admit. That it will be denied that it is practised in any, is a matter of course. But, if the teachings of all the most recent works on therapeutics are followed—as we must presume that they are—then we repeat homœopathy is practised in every hospital, more or less, every day.

Mr. Kenneth Millican was duly appointed as surgeon to the throat department of the Jubilee Hospital. Subsequently he was appointed surgeon to the Margaret Street Hospital, on the resignation of Mr. Carr Beard. As at this institution there are medical officers who not only practise homœopathically, but admit that they do so, the committee of the former called on Mr. Millican to resign his position. This he declined to do. Whereupon they suspended him from the service of the institution ; and hence he brought an action against them for preventing him performing his duties there, and asking for an injunction to restrain them from appointing any other surgeon to his post.

One of the medical officers is a Dr. Thudechum. Whether or no this is the Dr. Thudechum who had a reputation as a pathological chemist some years ago, we do not know. But it came out in the evidence that he is a person who has not hesitated publicly to declare that all medical men who practise homœopathically are "conscious frauds," and, who, in private, was said to have stated that they are, without exception, "liars and impostors." Whether such a declaration and such a statement are the outcome of ignorance or not, we cannot tell ; but that an individual who is capable of so describing a large and increasing number of the members of his own profession is likely to reflect credit upon any public institution with which he may be connected, appears to us to be in the highest degree improbable.

In his action against the committee, Mr. Millican contended that his opponents had no right to deprive him of his position on the staff on the ground that he was connected with another hospital, some of the medical officers of which openly acknowledged that they practised homœopathically. This being a question of law merely, the jury was discharged, and Mr. Justice Manisty took time to consider his judgment. This he delivered on Monday, the 19th ult., in the following thoroughly effective manner :—

After going through the evidence adduced on the 14th, his Lordship said : On the 26th of May a most extraordinary course was adopted ; there were seven members of the committee present and it was proposed to delegate the entire business of the committee to a committee of ten, leaving out the plaintiff. They actually took upon themselves to delegate all their power. It was, he thought, a well-settled rule of law that one person could not delegate his duties to another. This delegated committee then carried a resolution suspending the plaintiff from his duties. Anything more contrary to decency and the rules of law could not well be conceived. The plaintiff was informed of this on the 27th, and on the 30th his successor

was appointed. He held a strong opinion that the whole proceeding was wrong from beginning to end, and contrary to the meaning of the rules. There was no necessity for such instant action, and for them to take the law into their own hands was a flagrant and palpable abuse of their office. A more improper proceeding had never been done, so he would grant an injunction. As to damages, the plaintiff said he would be content with merely nominal damages. In his interests he thought he was wise not to ask for damages, but an order would be made restraining the defendants from interfering with the plaintiff in the performance of his duties as one of the surgical staff, and from suspending him from the duties of such office. The injunction would be granted with costs.

Mr. POLLOCK applied for a stay of execution, saying that if an injunction were granted it would probably shut up the hospital.

Mr. JUSTICE MANISTY: That would be a lamentable result, but some persons seemed to look upon homœopaths as persons who were infected with the plague. The learned counsel must apply elsewhere for a stay of execution.

Accordingly on Wednesday, the 21st ult., Mr. Pollock applied before Lords Justices Cotton and Fry for the postponement of the operation of the injunction, and the plaintiff (who appeared in person) stated that, having established his legal position, he had no intention of taking advantage of it by insisting, pending the appeal, upon discharging the duties of his office.

Upon the undertaking of the defendants to set down their appeal at once and to be answerable for such damages as might be occasioned by the delay, their lordships granted a stay of that part of the injunction which restrained the committee from preventing the resumption by the plaintiff of the duties of his office. The costs of the application were made costs in the appeal.

Very thoroughly did the common sense of an English judge give the *coup de grace* to the Middle-Ages antics the committee had been persuaded into performing under the influence of a German *Dummkopf* of the year of grace, 1887!

We have much pleasure in congratulating Mr. Millican on his successful defence of Liberty of Opinion in Medicine and Surgery.

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*Apropos* of the foregoing, a letter from Lord Grimthorpe, entitled *Odium Medicum at Hospitals*, appears in *The Times* of the 24th ulto. We regret that appearing so closely on our going to press we cannot reproduce this admirable contribution



in defence of liberty of opinion in therapeutics. After citing the leading particulars of the dispute at the Margaret Street Infirmary, where his lordship occupied the chair at several of the meetings of the governors, he says:—"Most of us of sufficient age have known certain surgical treatments denounced as 'quackery,' and the 'quacks' pronounced impostors, and afterwards recognised as having committed no sin, but being ahead of their leaders, which, no doubt, is presumption, always duly snubbed at medical consultations. As these people evidently mean to defeat the Medical Act by the roundabout process of closing every hospital against those whom they are prohibited from excluding from private practice, the time has come when the governors or subscribers must decide for either liberty or tyranny. If the tyrants like to abdicate when they are beaten, as they did at Margaret Street the gaps, will speedily be filled. Nobody ever yet conquered by abdicating, if the other side knew their business and were resolute."

We have received the following letter relating to this matter from Major Vaughan-Morgan:—

*To the Editors of "The Monthly Homœopathic Review."*

GENTLEMEN,—You may remember that early in 1887 an effort was made to eject two old and tried physicians from the staff of the Margaret Street Infirmary because they practised homœopathically, and its failure resulted in the resignation of many of the staff. The medical press tried to "boycott" the institution, and to intimidate all non-homœopathic practitioners from applying for the vacancies. Mr. Millican, however, among others, though not a homœopath, braved their displeasure, and on his appointment as surgeon and laryngologist defended the course he had taken in a letter to the *Lancet* of April 23rd, in which he boldly expressed himself in favour of liberty of opinion and free professional intercourse. Whereupon the Queen's Jubilee Hospital, to which he was previously attached, and for which he had worked with considerable zeal, passed a resolution condemning homœopathy and all association with homœopaths, and called upon him to resign one or other appointment. But in defence of his principle Mr. Millican steadily declined, and on his practical dismissal from the hospital staff, instituted proceedings against the committee. The case of Millican v. Sullivan and others, therefore, was more a public protest in favour of medical freedom than a private suit. Under these circumstances, I would ask, Is it fair to allow him to bear the expense all alone? The expense has been very considerable, and as I have consented to act as treasurer in the matter, and the principle at stake, though of

infinite importance to the laity, is one of really vital interest to the homœopathic members of the profession, I venture to appeal to your readers to contribute towards the legal expenses.

Yours, &c.,

5, Boltons, London, S.W.

WM. VAUGHAN-MORGAN.

The following sums have been received, and at least double this amount is required :—

	£	s.	d.		£	s.	d.
Dr. Dudgeon .. ..	5	5	0	Dr. Neild .. ..	1	1	0
„ Dyce Brown .. ..	5	5	0	„ Wheeler .. ..	1	1	0
„ Harper .. ..	5	5	0	„ Byres Moir .. ..	1	1	0
„ Roth .. ..	2	2	0	„ Cooper .. ..	1	1	0
H. Tate, Esq. .. ..	2	2	0	Gerard Smith, Esq. ..	1	1	0
J. D. Butcher, Esq. ..	2	2	0	Dr. A. Shaw .. ..	1	1	0
Dr. C. C. Tuckey .. ..	1	1	0	General Beynon .. ..	1	1	0
„ Lloyd Tuckey .. ..	1	1	0	Major V. Morgan .. ..	1	1	0
„ Pope .. ..	1	1	0	R. P. Harding, Esq. ..	1	1	0
„ Percy Wilde .. ..	1	1	0	C. Knox Shaw, Esq. ..	1	1	0
„ George Wild .. ..	1	1	0	A. E. Chambre, Esq. ..	1	1	0
„ E. Blake .. ..	1	1	0	W. Debenham, Esq. ..	1	1	0

#### THE HAHNEMANN HOSPITAL, LIVERPOOL.

THE following is the reply of Mr. Tate to the address presented to him by the Trustees, Committee, and Medical Board of the Liverpool Hahnemann Hospital, at the opening of that Institution. (See p. 746 of our December number.)

“ 21, Mincing Lane, London, E.C.,

“ 18th October, 1887.

“ To the Trustees, Committee, and Medical Board of the  
Hahnemann Hospital, Liverpool.

“ Gentlemen,—It is difficult, if not impossible, for me adequately to express my thanks for the address which you so kindly presented to my son William, in my absence, at the opening of the hospital, and which I had the pleasure of receiving yesterday. Though I cannot but feel that the sentiments which you express towards myself are all too flattering, I am none the less proud to have this testimonial from such a body, and signed by men who deservedly stand so high in the scientific world. The address itself is, indeed, a work of art, and it was but fitting that your touching and generous words should have permanent record in so beautiful a form. Believe me I shall ever prize it as a memorial of one of the most pleasing events of my life, and it will, I trust, remain in my family for generations to come. What has moved me more than anything in connection with the occasion is that my desire to do some good has been so warmly recognised and more than appreciated by those best qualified to judge.

“ Believe me,

“ Yours most faithfully,

“ HENRY TATE.”

### HOMŒOPATHIC CONVALESCENT HOME.

A meeting was held on Friday, the 18th inst., at the residence of the treasurer, Major W. Vaughan Morgan, No. 5, Boltons, S.W., when it was announced that upwards of £2,000 had been promised towards the establishment of this Home. It was then resolved that a house should be purchased at Eastbourne, and the necessary steps be taken to make the movement known, in order to procure additional donations and subscriptions for its support. A circular will at once be sent out describing in detail the proposed *modus operandi*.

### JOHANNIS MINERAL WATER.

THIS recent addition to the numerous mineral waters exported from Germany is one of the pleasantest we have tasted. Possessing little if any medicinal properties, it is admirably adapted for a table water, pure, sparkling and refreshing. It is derived from a natural mineral spring at Aarthal in the Province of Hessen-Nassau, and is bottled at the spring, rendering the introduction of any gas unnecessary. We can cordially recommend it to our readers.

### CORRESPONDENCE.

#### HOMŒOPATHIC LEAGUE.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Will you allow me, through the medium of your journal, to invite the attention of the homœopathic chemists to the Homœopathic League.

The object for which the League was established is, as you are no doubt aware, to diffuse a knowledge of homœopathy among all classes, and to this end a number of pamphlets, explanatory of the principles and advantages of the system, have been published. The committee of the Homœopathic League are anxious that these pamphlets should have as wide a circulation as possible, and they naturally look to the chemists to assist them in this direction. Certain of the chemists have taken the matter up warmly, availing themselves of every opportunity for calling the attention of their customers to the work of the League, and, in some cases, sending out a copy of the League leaflet with their accounts.

Apart from the desire which we must all feel for the progress of homœopathy in this country, it is to be remembered that the more the system becomes known and adopted, the greater will be the demand for homœopathic remedies. The chemists, therefore, in supporting the League, will be advancing their

own interests, and will, at the same time, be assisting in hastening the arrival of that time when the law of similars will be the universal rule of practice.

I am, Sir,

Your obedient Servant,

E. H. LAURIE,

Sec. Homœopathic League.

16, Blandford Square, N.W.

## NOTICES TO CORRESPONDENTS.

\* \* \* *We cannot undertake to return rejected manuscripts.*

ERRATUM.—On page 742 (DECEMBER, 1887), on the last line, for POTTER read POOLE.

Dr. YELDHAM has, we are requested to state, retired from practice, and is succeeded in his rooms in Moorgate Street by Dr. WHEELER.

BUREAU OF ORGANISATION AND STATISTICS, A. I. H.—We much regret being obliged to postpone a letter from Dr. FRANKLIN SMITH, making an important correction in the figures given as a result of hospital work in the report of the Bureau published in our September number.

Communications, &c., have been received from Dr. ROTH, Dr. COOPER, Dr. J. G. BLACKLEY, Major VAUGHAN-MORGAN, Mr. LAURIE, Mr. CROSS (London); Dr. WOLSTON (Edinburgh); Dr. PERCY WILDE (Bath); Dr. COLLINS (Malvern), Dr. WALTHER (Eastbourne); Dr. RIDPATH (Huddersfield); Mr. FOSTER (Scarborough); Mr. JESSOP (Oxford); Dr. FRANKLIN SMITH (New York), Dr. OGDEN-JONES (London), &c.

## BOOKS RECEIVED.

*Report of the Calcutta Homœopathic Charitable Dispensary.* 1886-7.  
—*The Transactions of the American Institute of Homœopathy.* 1887.—*How to Study Materia Medica.* By C. Wesselhoeft, M.D.. Boston. Otis Clapp & Sons, 3, Beacon Street. 1887.—*Homœopathic League Tracts.* No. 16. *How They Were Converted.* London: J. Bale & Sons, Great Titchfield Street.—*Farthing Dinners.* By S. H. Sargeant. Second Edition. Revised. London: Simpkin & Marshall. 1887.—*The Thirty-fifth Annual Report of the Manchester Free Public Libraries.*—*The Homœopathic World.* London. December.—*The Hospital Gazette.* London. December.—*The Chemist and Druggist.* London. December.—*Burgoyne's Monthly Journal of Pharmacy.* London. December.—*The North American Journal of Homœopathy.* New York. November.—*The American Homœopathist.* New York. December.—*The Medical Record.* New York. November and December.—*The Chironian.* New York. October and November.—*The New England Medical Gazette.* Boston. December.—*The Hahnemannian Monthly.* Philadelphia. November.—*The Homœopathic Recorder.* Philadelphia. November.—*The Clinique.* Chicago. November.—*The Medical Visitor.* Chicago. December.—*The Californian Homœopath.* San Francisco. November.—*The Medical Advance.* Ann Arbor. December.—*The Minnesota Medical Monthly.* Minneapolis. November.—*Bibliothèque Homœopathique.* Paris. July.—*Revue Homœopathique.* Brussels. September.—*Allgemeine Hom. Zeitung.* Leipzig. December.—*Rivista Omiopatica.* Rome. November.—*La Reforma Medica.* Mexico. November.—*Revista Argentina de Ciencias Medicas.* Buenos Ayres. May and June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### AUTO-MASSAGE AND BATHS IN THE TREAT- MENT OF EAR DISEASES.\*

BY ROBERT T. COOPER, M.D.

Physician, Diseases of Ear, London Homœopathic Hospital.

FORTUNATELY or unfortunately, I am not here to decide which; the more simple the science and art of medicine become the more familiar the public becomes with them.

We have had, times without number, objections brought against homœopathy by reason of that very feature that stamped it as scientific, its transparent simplicity. We have been told hundreds of times that the selection of remedial agents *more homœopathico* is as much within the power of the public as of the profession; and we have replied:—Admitting it to be so, this can form no objection to our system.

As a school, we have aimed at the diffusion of accurate scientific knowledge; we have instructed the world at large in the nature and mode of preparation of our remedial agents, and wisely, in a humanitarian sense, but too well, in a selfish sense, have we succeeded.

We have broken up a profession that prior to the advent of homœopathy was, like that of the legal profession at the present day, a closed corporation; and we

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\* Read before the British Homœopathic Society, Jan. 5, 1888.

have laid down and acted upon principles, thanks to which we are separated from many who gull the public by professing to work upon the homœopathic method.

I am here to-night to discuss a subject connected with a branch of medicine that has ever been the help-mate and welcome congener of homœopathy, and which, like it, is remarkable for its simplicity.

The early numbers of the *British Journal of Homœopathy* contain far more reference to the subject of movements and of massage in the treatment of disease, thanks mainly to our veteran hero, Dr. Roth, than any contemporary serial literature.

From continually studying ear diseases, and reflecting upon their etiology and pathology, I came to the conclusion that underlying the tendency to aural complication was a particular dyscrasic condition of the body, which I named and described as Basic Aural Dyscrasia, and which, under the title of *Vascular Deafness*, is published by Messrs. Baillière, Tindall & Cox, King William Street.

Now, in order to carry out the principles there laid down, and which had been taught me exclusively by a study of disease *in corpore vili*, the conclusion forced itself upon me by the facts that in many cases irritation existed upon the coats of the blood-vessels leading to the ear, and that the dispersal of this condition ought to be a main object of treatment. Then I showed that if we wished to act by external stimulation upon the middle and internal ear, we could do so far more effectually by applying irritants to the anterior inferior anatomical triangles of the neck than to the mastoid region. And I showed that the bruits heard in the cervical blood-vessels, and which are commonly considered merely functional murmurs, are in reality indicative of a lingering irritation of the coats of the blood-vessels, taking the form of a chronic irritation of the vascular system generally, and which I have been the first to designate *chronic vasculitis*, and that this condition was a very frequent accompaniment of chronic deafness, especially of that form I have termed chronic vascular deafness.

These being the principles upon which I worked, it was natural to look for some agent that would affect the surrounding circulation of the ear. I tried many, principally liniments of *iodine*, *ammonia*, Mortimer Granville's

*percuteur*, and acupuncture by means of the *Lebenswecker*.

This last particularly gave very good results, but these results were not in obstinate cases permanent; I mean that the hearing improved but temporarily.

I therefore looked out for some different plan, and though I knew of auto-massage being applied in these cases by one of the principal consulting physicians of our school, I had no reason to expect very great results from it; moreover, theory deterred me from employing it, for I had always heard that arterial excitement, and not absorption, would be the result of auto-manipulation.

My mind was being forcibly directed to the subject when, one day, an old gentleman, who had been a Baptist minister in the West Indies, came to have some slight operation performed on his ears. In conversation with him I elicited that during the thirty and odd years he had been in the West Indies he had never met with an affection amongst his congregation and friends, nor had he ever had a disorder in his own person, that had not succumbed to careful manipulation with his fingers, according to the instructions he had received from an old nurse of Sir Charles Bell's. This, of course, was a very loose statement; but when he went on to say that he had been attacked, some three or four years ago, with violent hay asthma, and that he had consulted a leading London practitioner who professes to be "dead nuts" on this affection, and that this man, as well as others, had failed to do him the least good, and that then he set to work to manipulate the *alæ nasi* by pressing the tips of the index fingers against the sides of the nose, my attention was rivetted. This, at all events, was his statement, that after failure with all kinds of local applications the tips of his fingers had cured him of hay asthma.

This afforded me sufficient ground to act upon, as the conclusion was obvious that if the mucous surfaces of the nasal passages could be acted upon by superficial manipulations performed by the patient himself, a like effect is producible upon the aural lining membrane. Taking my stand upon the supposition—upon, I may say, the fact that adjoining organs are affected in chronic deafness—I directed patients to put in practice such manipulations as would beneficially affect the eyes and throat as well as the general cerebral circulation.



These manipulations consisted in the rolling with the tips of the fingers of the skin of the forehead, the post aural region, the sides and back of the neck, the carotid canals, and the supra-clavicular spaces.

The comfort and ease experienced by patients that adopted these movements convinced me of the great value attaching to them, but as other means were also taken to restore the hearing it was not always plain that the benefit resulted from the auto-massage. Enough was proved, however, to convince me that great good resulted from this massage; thus, for instance, patients continually assured me of relief to headache, noises in the ears, and of throat symptoms. In one case this movement of the skin above the clavicles, caused the tinnitus to get worse, but only temporarily, and while being applied; in several others it decidedly lessened the noises. That the effect extended well up through the cerebral circulation was perfectly obvious, and shows that the movements require to be moderated in accordance with the case.

I had an opportunity of experimenting upon the influence of these movements upon my eyelids, which, at the time, were very irritable; the relief obtained to the hot burning feel of the lids by rotating the skin of the forehead with the tips of the fingers was very marked.

This was the direction in which I was working when Dr. Roth placed in my hands the following account of a new method of treating hardness of hearing:—

“DIE TRAGUS-PRESSE EIN NEUES OHR HEILVERFAHREN.

“By Dr. Ad. Hommel, Zurich (1886).

“This new method of healing hardness of hearing deserves the attention of specialists.

“It consists in simply shutting and opening the meatus externus by pressing the tragus against the opposite wall of the meatus. This should be done four or five times a day, during 1 or 1½ minutes at the rate of 100 or 120 shuttings and openings of the canal per minute.

“By this simple method Dr. H. has cured many cases of hardness of hearing, particularly those from otorrhœa, often in an incredibly short time.

“As an example we give his own case.

“In 1887 the inspection showed on left ear, drum head normal; hearing distance of the watch, 20 c.m.; hearing

of the watch better from proc. mastoid than from meat. ext.

“Diagnosis: Chronic catarrh of middle ear. Right ear: Central portion of drum head slightly opaque; h.-d., 260 c.m.; hearing better from meat. ext.

“Diagnosis: Chronic catarrh of middle ear.

1879 L. ear: h.-d. 15 c.m. otherwise as before.

R. ear: h.-d. 200 c.m. drum head opaque.

1881 L. ear: h.-d. 10 c.m. as before.

R. ear: h.-d. 150 c.m. drum head normal.

“After this Politzer’s inflators were tried, but with no good results, for they proved detrimental to his hearing power. The Dr. then commenced the ‘Tragus-presse,’ and thereby steadily increased his hearing power.

“Before beginning the new treatment the hearing-distance was:—

		L. 10 c.m.	R. 150 c.m.
July	1881	... L. 15 c.m.	R. 185 c.m.
August	„	... L. 15 c.m.	R. 205 c.m.
Sept.	„	... L. 20 c.m.	R. 225 c.m.
Dec.	„	... L. 30 c.m.	R. 335 c.m.
Jan.	1882	... L. 30 c.m.	R. 380 c.m.
Oct.	„	... L. 35 c.m.	R. 515 c.m.
Sept.	1882	... L. 40 c.m.	R. 550 c.m.
July	1884	... L. 49 c.m.	R. 590 c.m.
Oct.	1885	... L. 40 c.m.	R. 610 c.m.

#### Second Case.

“Charles K—., 13 years old, has had the measles in his seventh year, and since that time has had otorrhœa from left ear and his hearing decreased, so that the boy could at last no more understand what the teacher said in school, though he was treated by the family physician for the otorrhœa in the usual manner. On examination the left ear showed perforation of drum head, slight otitis externa.

“Diagnosis: Chronic purulent catarrh of middle ear; want of mobility in the chain of ossicula. L. E., h.-d. for watch, 5 c.m.; R. E., 12 c.m. On R. E. great opacity of drum head.

“Treatment with ‘Tragus-presse’ was begun towards

End of March	L. 5 c.m.	R. 12 c.m.
„ April	L. 52 c.m.	R. 75 c.m.
„ May ...	L. 83 c.m.	R. 160 c.m.
„ June...	L. 105 c.m.	R. 170 c.m.

“Then the treatment had to be stopped on account of acute otitis in consequence of the patient bathing his head in cold water; but the hearing power remained stationary.

August      L. 115 c.m.      R. 230 c.m.

Sept. ...    L. 125 c.m.      R. 290 c.m.

Oct. ...     L. 160 c.m.      R. 340 c.m.

“Indications for the ‘Tragus presse.’

“In all cases of want of mobility of the drum head and ossicula in the acute and chronic simple catarrh, and in purulent catarrh with perforation of the drum head. The more the hearing power is diminished the more must the ‘Tragus-presse’ be used with power. The ‘Tragus presse’ does not only increase the mobility of the drum head and ossicula, but it favours also the resorption of the pathological products of the catarrhal affections of the middle ear, and acts as a prophylactic against the increasing hardness of hearing in persons advanced in years.”

The cases in which Dr. Hommel’s method deserves most attention are evidently those in which the mucous membrane of the middle ear is swollen and congested, as in otorrhœa, in vascular deafness, where stiffening of the structure is not pronounced.

The “Tragus-presse” is simply a form of movement in every way similar to that used by my friend upon his nose; and the effect of it upon the ear is, I feel sure, the same.

I have very often noticed, and all who are familiar with deaf persons must have observed, that they sometimes are in the habit of improving their hearing temporarily by this Tragus-presse, but the merit of systemizing it remains with Dr. Hommel.

I am delighted to adopt this “Tragus-presse” as a part of the movements required in order to restore function to the ear, but in accordance with a principle experience has taught me to formulate, it cannot be suitable in all cases.

This principle is that the application of the sufferer’s hands to any part of the body that is the seat of inflammation increases the inflammatory tendency, and that for good to be obtained in inflammatory cases the movement must be made upon a part that leaves the irritated surface undisturbed.

Consequently in cases where the meatus itself is the seat of inflammatory tendency, as it very often is where the disposition to gout is strong, the "Tragus-presse" would, I am sure, be inappropriate.

One important conclusion follows from a consideration of the efficacy of auto-massage, and this is that we are altogether wrong in our method of drying our bodies after baths, especially after warm baths.

There are cases in which it may be necessary to dry the body in the manner adopted at Bath, Weisbaden, Spa, Aix-la-Chapelle and other places, namely in cases where the tendency to inflammatory action throughout the system is very strong. These cases would be, and indeed are improved by wrapping the entire body in hot towels after the bath.

But undoubtedly for the average sufferer it is a mistake; in the majority of cases of chronic hepatic congestion, gout, dyspepsia, and renal disease, the drying of the body ought to be a gradual process, and performed by the patient himself with his hands and while in a state of nudity, of course, supposing him strong enough.

That this plan is not impossible or even unpleasant any one who practices it will soon discover; to be sure the front parts of the body can alone be reached with the hands. But the hands being actively employed in shampooing the parts of the body within reach, the untouched portions of the body will be dry before the operation is concluded, and if the liver and abdominal organs are well kneaded the refreshing effect of a warm bath thus conducted will astonish any moderately healthy person who has not before tried it. He need not fear cold; for cold is contracted after warm baths by the over-stimulation being followed by improper relaxation of the skin, and this relaxing effect is promoted by favouring, as is usually done, instead of gradually curtailing perspiration after the bath. In every way the directions suitable for cold baths contrast with those required for the hot bath. A cold bath ought to be partaken of in as short a time as possible, the reverse being the case with the hot bath, and the sooner subsequent drying of the body is accomplished the better. In the cold bath, the bather can be actively employed in rubbing himself down, or kicking about; in a hot bath, he ought to be as passive as possible, and engage in the shampooing after emerging from the

bath. And, in disease or in ill health, the indications calling for each form are perfectly distinct, and are in every way in contrast.

A feeble and irritated condition of the vascular system, such as is induced by unhealthy atmospheric surroundings, and where the tendency is to the clogging up of blood, especially of venous blood, in the deeper seated viscera, and where the circulation is not too greatly impaired, the stimulating and derivative action of the hot bath is to be sought for, and the more prolonged is the immersion the better for the patient; and, as explained, the flow of blood to the subcutaneous portions of the body during the process of drying the body ought to be promoted.

In his *Uterine Therapeutics*, p. 16, Tilt refers with much praise to the efficacy of prolonged immersion in hot water; but his indications are, I consider, defective.

There are no natural hot springs that I am acquainted with that are credited with allowing prolonged immersion to the extent that is usual at Leuk in Switzerland. Here patients remain for six hours and more in the hot baths.

But I feel certain that if this system of auto-massage were adopted, and patients were enjoined to remain for an hour or two at a time, and then dry themselves by massage after the manner suggested, to again resort to the bath when the skin had cooled down, a much greater effect would be secured than by uniform immersion.

The charming, velvety, soothing baths of Schlangenbad ought, I feel certain, to be prescribed to many patients in this way; patients being directed to roll the skin well round and round under the palm of the hand and under the tips of the fingers, care being taken not to irritate the skin with the finger-nails.

The patients who require cold baths are in an entirely different physiological condition from those needing hot ones. The morbid symptoms for which we should prescribe cold baths are such as are induced by mental shocks, or the shocks of accidents. It is the counter-acting shock we should, particularly as homœopaths, seek to induce.

In such cases massage ought not to be attempted in connection with the time of the bath; the sooner the immersion and the subsequent drying process are finished the better.

In these cases auto-massage ought to be performed in the early morning previously to the patient getting up, and while the skin is soft and relaxed by the warmth of bed. In purely nervous deafness in my experience, massage is most effectual when performed by another person, and not by the patient himself.

These instructions for massage in connection with hot and cold baths are very general, and require modification in accordance with the condition in which patients are placed and the nature of their diseases. Thus in the motor disturbances of *tabes dorsalis* it has grown more and more evident, writes Dr. Baumann, of Schlangenbad,\* that luke-warm water is more preferable than the hot bath, and that an energetic course of bathing ought to be avoided, and Dr. Renz, at Wildbad, also testifies that whoever treats a patient with *tabes* with heating and not with cooling baths will injure him.

Then, in the tendency to recurring bronchitis in childhood, and also in recurring ear-aches, we will make a great mistake if we confine our attention to hot water. In these cases the effect of applications of cold water, either by sponging or towelling is most gratifying. If the patients are very delicate I order a hot bath, to be followed by cold water sponging; and when the patients become accustomed to it, advise the application of the cold water while the bath-room window is open. Nothing more certainly exercises a preventive influence over recurring otitis and bronchitis than this; the same may be said of spasmodic croup and other children's affections.

Enlarged tonsils, ear, nose, and throat diseases are the result of improper living. It is for us to give directions to parents as to the management of their children—directions which will in a natural and scientific way prevent the recurrence of such evils.

We are too much inclined in these days to pander to popular prejudices, and condemn, as unserviceable, organs that are simply temporarily congested and swollen owing to the non-observance of ordinary hygienic precautions. All true advance in medicine is in the direction of the adoption of the simplest possible measures for the removal of diseases, and we may depend upon it that there are other ways of dealing with

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\* *Schlangenbad, or The Serpents'-bath.* By F. Baumann, M.D. Herber Brothers: Schwalbach. Pp, 29-30.

offending organs than the modern plans of cauterisation and excision.

The Scotch douche, as it is called—that is, a douche so arranged that hot water quickly succeeds to cold, and which is worked to perfection at Spa in Belgium, would be indicated in cases where nervous excitement and vascular enfeeblement were together prominent features. The *Douche di Tirol*, or strong cold douche, is called for in nervous shock in the absence of strong vascular excitement.

Time fails or I would willingly let my pen run on ; it only rests for me to implore you to think earnestly of these simple means for arresting deep seated and obstinate forms of disease. Do not approach the subject in the spirit of a friend to whom I mentioned this auto-massage, and who remarked : “ Doctor, it’s all very well, but it’s not good enough ! ”

#### DISCUSSION.

The President (Dr. HUGHES) observed that this was the third time in succession that a paper on an extra-homœopathic subject had come before them, and congratulated the Society on the catholicity of sentiment which allowed of such an occurrence. He then invited discussion on Dr. Cooper’s paper.

Dr. S. T. BLAKE had listened with great interest to Dr. Cooper’s paper. Dr. Blake was using massage, with very weak *merc. oleate*, in an obstinate old case of osteo-arthritic deafness. The ossicles were probably ankylotic, and the meatus was greatly narrowed by periotic effusion of years duration. After one week there was great improvement. *Merc. corr.* 8x was given internally, and the sleeplessness from otalgia rheumatica had yielded to *gelsem. φ*. Dr. Blake considered that massage was of enormous service in osteo-arthritis (rheumatic gout). Dr. Blake found these cases more common after an unusually hot summer. He thought it interesting that all the conditions which depress the heart-action—grief, starvation, alcoholism and paralysis, pelvic disease, over-exertion and dental mal-nutritional, old age and damp soil—led to osteo-arthritic changes in the cartilages. These cases were made worse by the Turkish bath, by acids, by rest, and by warmth with moisture. Electric baths, very hot baths followed by swift cold affusion, frequent food and exhilaration, but above all, systematic active and passive movements, with remedies selected on subjective grounds, were followed by the happiest results.

Dr. JAGIELSKI had found massage—not auto-massage—useful in several cases of deafness. In one, a gentleman of



67 years of age, who had been obliged to resign a valuable Government appointment in consequence of his infirmity, who consulted him for the relief of head and heart symptoms, he found that the daily massage, which he himself administered, was followed, not only by improvement in the general health, but also by a marked diminution in the deafness. Though unable to understand him—unless he was spoken to in a loud voice, after three weeks he could do so when addressed in an ordinary tone, while a week later he was able once more to enjoy listening to music in his own house. He (Dr. J.) agreed with Dr. Cooper's observation on diathetic and bath treatment, and Dr. Jaeger's woollen clothing. Turkish and ozone baths became remedial in deafness through the improvement in the circulation in the head and ear during the sweating process; and the electric bath by restoring paralytic conditions and causing an absorption of deposits in and around the ear and its nerves. After demonstrating the massage manipulation about the ear, Dr. Jagielski expressed a hope that auto-massage would be found useful in promoting the cure of deafness.

After some observations by Dr. NEATBY and Dr. DYCE BROWN, Dr. ROTH referred to his long experience in the treatment of disease by Ling's system of movements, and the present popularity of massage as a method of cure, arising from several crowned heads and princes having submitted to Dr. Metzger's treatment. This had occasioned many medical men who really knew very little of massage to adopt it, and many quite ignorant male and female rubbers to pose as "masseurs" and "masseuses," a title to which they presently added that of electrician. Dr. Playfair's adoption of the Weir-Mitchell treatment, and a so-called "school of massage" were responsible for many of these persons, of whom not a few had applied to him (Dr. Roth) for employment during the past year. He warned his colleagues against them, believing them to be ignorant of massage though very confident of their own skill. On the Continent massage was performed by medical men, and none but medical men could have the anatomical and physiological knowledge requisite to make the manipulation successful. Dr. Roth had, in his book on *The Movement Cure*, and in that *On the Prevalence and Cure of many Chronic Diseases by Movements*, both published by Ballière & Co., fully described the process of massage. He was glad to hear that Dr. Cooper and other colleagues had derived advantage from massage, and he trusted that they would be encouraged to persevere in its use. The use of massage in uterine disease was fully explained in Dr. Roth's translation of Brandt's book on the movement cure in uterine disease.

Before Dr. Metzger's time, Dr. Neumann in Germany, he (Dr. R.) in England, and Professor Harhlins in Stockholm, had published descriptions of passive manipulations, many of which were known to the Greeks and Romans. Dr. Metzger had published nothing regarding his procedures, and the little we knew regarding them had been learned from two Swedish doctors who had published some notes on the subject. Dr. Roth here gave some practical illustrations of the manipulations required in disease of the nose, larynx and ears. There was then in London a non-medical practitioner who described himself as the inventor of nerve pressure. This manipulation would be found described in his (Dr. R's.) handbook published in 1856. With regard to the so called *douche écossaise* mentioned by Dr. Cooper, he said that in all well known watering places and hydropathic establishments in France the alternately hot and cold douche was frequently used. Being curious to know why it was called "*écossaise*," he found on enquiry that it had been introduced by a Scotch physician with a handle to his name.

Dr. HUGHES (in the chair) had little to say before calling on Dr. Cooper to reply. He had already had an opportunity of testing "auto-massage" in a case of deafness, with decided benefit both to the hearing and to the spirits of the patient.

Dr. COOPER in reply said: He was very glad to see how much interest had been evinced in the subject of auto-massage. He had added remarks regarding the administration of baths so as to make it as instructive as possible for the general body of the profession. (The original title was "auto-massage in the treatment of ear, nose and throat diseases.") He was very delighted, as well as surprised, to find himself so much in accord with Dr. Roth, for he (Dr. C.) was under the impression that the advocates of massage were opposed to having any movements performed by the patients themselves. Dr. Dyce Brown was of course quite right in saying that a greater effect is produced when massage is done by another person, and that even the sympathy between the operator and his patient has to be taken into consideration. But while all this was true, it yet was very necessary to insist upon the great benefit to be derived by simple movements, a benefit due more probably to the mere mechanical effect than to any magnetic influence, and therefore obtainable by the patient's own exertions. Dr. Cooper's desire was that massage might be much more generally advised by the general practitioner, and that theoretically it might be divested of any supposed mystery until this latter were more definitely proved to exist.

## THE TREATMENT OF WRITER'S CRAMP AND CRAMP OF PIANISTS.\*

By Dr. T. H. SCHOTT, of Bad-Nauheim.

Translated from *Deutsche Medizinische Zeitung*, 1882, No. 9, by Dr. M. Roth.

THE cramp of writers and pianists belongs, as is well known, to the chapter of neuroses; a fact which sufficiently explains why the old opinion, tracing the origin of these disorders to the muscles, has been entirely abandoned. The normal performance of their functions by the same muscles, when engaged in other kinds of movements, precludes the idea of the peripheric nerves being the seat of the evil. Hence it is, at present, generally believed that the forms of cramp I have referred to are caused by derangements of that part of the central organ which presides over co-ordinated movements. It must be observed that we know neither the anatomical seat of disease nor the nature of the various disturbances.

I must consider that this disease (cramp of writers and pianists) is generally known to every medical man, as its ætiology is described in the medical manuals, and all have seen it frequently occur in their own practice. I will only add that the three different forms of neurosis viz. the paralytic, the one under the form of tremors, and the spastic, are not to be considered as three different forms of disease, but that they are frequently transitions of one form into another in different patients.

Until lately the prognosis in these cases was very unfavourable, as perfect cures occurred but rarely, and returns of the attacks were frequent. The means with which the patients have been provided, viz., with very thick and light cork penholders, rings fastening the

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\* My reason for publishing this is the appearance of a paper in No. 3, 1882, of the *Progrès Medical*, in which Dr. Romain Vigouroux reports on two cases of mogigraphy (writer's cramp) in Charcot's practice, which Mr. Wolff, a writing master of Frankfort-on-the-Maine, had perfectly cured in a short time by some special treatment. It might appear from this report that this method of treatment originated with Mr. Wolff himself; therefore I consider myself not only justified, but bound in duty specially to remark that this treatment originated with my brother, Dr. August Schott, and myself, and that we communicated it in 1878 or in the spring of 1879 to Mr. Wolff, a fact which has been hitherto concealed by the latter.

It does not depend upon the manner of holding the pen, as Mr. Wolff asserts, but all that is required is that the patients should not be permitted to write with too thin penholders or too pointed pens.

pen-holder to the index finger, or the practice of the healthy hand in writing, were useless. This was a serious matter, because it mostly concerned such patients as were in danger of losing their employment in consequence of their complaint, for instance, writers, clerks, officials, teachers, pianists, &c.

The effects of electricity, chiefly in the form of galvanism, were much better, and Doctors Erb, Euleuburg, Berger, and others have published cures; either the trunks of the nerves of the arm alone, or the whole arm, with the spine were electrified, and sometimes longitudinal and transversal currents were passed across the head. Poore mentions successful treatment by gymnastic movements executed during the application of galvanism. Esmarch combined local douches with electricity.

Notwithstanding all these applications, no permanently successful results were obtained, and returns of the disorder were frequent.

Lately a method of treatment has proved most successful, and I may be permitted to describe its outlines. This consists in a combined application of gymnastics and massage.

(The reason for not applying electricity was that galvanism had been already used in the majority of these patients before they were sent to me). Gymnastics I have applied in two different ways; one in which the patients themselves did the movements, and the second where the movements were resisted by another person.

The first method requires 20 to 30, and in some rarer cases, 45 minutes.

We begin with exercises of the fingers, and every single finger is forcibly extended and flexed, abducted or adducted; the exercises with the thumb are made separately; now follow the flexion and extension, abduction and adduction of the wrist joint; afterwards flexion and extension of the fore-arm in the elbow joints; and finally, both arms are moved in the four different directions, and they are to be raised over the head after having been previously moved in a direction forwards or sideways. Each single exercise is repeated from six to twelve times with a certain amount of force on the part of the patient, which is easily estimated by the slight flush on the face. After each exercise a short rest is required.

In the second method, the same exercises are done, with this difference, viz., that every single action of the muscles is slightly retarded by a second person, who applies a gentle pressure as if he wished to make an exercise in the opposite direction. If the patient, for instance, wishes to bend the fore-arm towards the upper arm, the second person places one hand on the shoulder and the other on the volar side of the patient's fore-arm and presses down as if endeavouring to stretch the fore-arm, and he continues his opposing pressure till the hand of the patient touches his own shoulder. (The manner in which every single movement is to be opposed it is not necessary to describe, as everybody can easily find out by what has been mentioned how to do it).

By this opposing pressure the single exercises are carried on with more force, but it is to be observed, and it is very important that it should be so, that the opposition to the patient's movement must be carried on most equally from the beginning to the end of each exercise. In order that the movements of the patient may be also equal and continuous, and not done in jerks, the number of exercises as well as the time occupied must be the same as before. These gymnastic exercises are to be repeated daily two or three times, according to the intensity and the period of time during which the complaint has lasted.

The massage itself is also divided into two parts, viz.: the massage of the nerves and the massage of the muscles.

In order to carry out thoroughly the massage of the nerves, the hands of the operator as well as those parts of the arm which are to be acted upon must be well oiled, and in the beginning a very gentle superficial stroking is made along the single nerve trunks, viz.: nervus medianus, ulnaris, radialis upwards to the plexus axillaris and cervicalis.

The strokes are made increasingly stronger and stronger, and it is desirable that the pressure should be made deep in the texture, and, when, after a certain time, the force of the pressure has remained equal, the stroking is gradually done with much less pressure till it is equal to the gentle pressure at the beginning of the

operation. This manipulation requires eight to ten minutes.

Immediately after this the massage on the muscles is done in the following manner:—

The muscle which is to be acted upon is grasped with one hand (the best way is with the tips of the four slightly bent fingers without using the thumb); rub it quickly in a longitudinal as well as a transversal direction to and fro on the underlying bone, but without a hard pressure. Here also you must begin with the hand and finish with the scapula, but it is indifferent whether you begin on the volar or dorsal side; time required is eight to ten minutes.

In both kinds of massage it is necessary to be cautious not to cause any squeezing, because this is not only useless, but can be very injurious, as I have had occasion to observe.

The stroking must be done centripetally, but never centrifugally. One massage daily has proved perfectly sufficient.

Improvement beginning after a fortnight or three weeks' treatment must not induce the medical men to suspend it, otherwise a return of the complaint is frequent; usually six or eight weeks treatment is according to my experience, sufficient. It is understood that at the beginning of the treatment patients must entirely give up their usual occupations and later they must only by degrees and during a short time, resume them with easy exercise in writing or playing; and they must be specially cautious not to over exert themselves.

To prevent a return of the complaint, I advised the patients to continue for several weeks to do their own exercises, and I have recommended the local application of the cold water douches of Esmarch.

Thus I have succeeded in curing all similar neuroses, (the patients were mostly ladies of the Conservatoire of Frankfort, who suffered from the cramp of pianists, the three last of them were under my treatment in August and September 1881.) As far as I could ascertain none of these patients have suffered from a return of the complaint.

I do not doubt that similar cramps of violinists, telegraphists, ballet dancers, sempstresses, knitters, milkers, and of persons of similar occupations can be cured in the

same manner, but I have had no experience in these directions.

My principal aim is to make known to my colleagues a mode of treatment the success of which I cannot appreciate too highly, and therefore I prefer not entering into any hypothesis as to how this curative process may be explained. To do so I would be obliged to enlarge this short paper and even then I should not be able to remove the various objections which might be made to my hypothesis.

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### A CASE OF OVARIOTOMY.

By W. CASH REED, M.D.

Mrs. P., æt 32, a frail, spare and anæmic woman, was admitted to the Devon and Cornwall Cottage Hospital (Homœopathic), May 13th, 1887. She is the mother of four children, the youngest being three years old. She first noticed a swelling in the abdomen two and a-half years ago, *i.e.*, in the course of her last lactation. She says the swelling was then about the size of a cocoa-nut. Since that time there has been gradual enlargement of lower part of abdomen. She has suffered no pain.

On examination the abdomen is found to measure 32 inches at the level of the umbilicus. Midway between it and the pubes, the girth is 43 inches. The tumour projects more towards the right than the left side of the abdomen. It is smooth to the feel, dull on percussion, and fluctuation is distinct. After admission the patient was for three weeks dieted liberally, taking largely of Carnrick's peptonoids, and latterly two or three chops a day with stout. She also had iron as a dietetic.

On June 3rd, with the kind assistance of Dr. Cash (of Torquay), and my colleague Dr. Alexander, the operation was undertaken, Mr. Vawdrey administering the anæsthetic. The "A.C.E." mixture was employed. Prior to commencement a spray of carbolic acid was diffused through the room by means of a steam atomizer. All instruments and sponges were soaked in warm carbolic lotion, and only lifted out to be used and then replaced until again required.

The usual incision in the middle line was made, four inches in length, the vessels as they were severed being secured by Well's pressure forceps. On dividing the



peritoneum the greyish-purple cyst was exposed to view and seized with a vulsellum to control its movements consequent upon respiration. A large canula and trocar was now introduced and nearly a gallon of clear fluid withdrawn. As the cyst collapsed it was seized with two pairs of Nélaton's cyst forceps, and gradually and gently drawn through the wound. No adhesions were found to exist. The pedicle (which was bifid) having been ligatured with Chinese silk, and divided, the stump was dropped into the peritoneal cavity. There was but little oozing into the peritoneal cavity, which was temporarily filled with sponges wrung out of warm carbolic lotion.

The edges of the wound were united by nine silk sutures which did not include either abdominal muscles or peritoneum.

The surface of the cut was dusted over with iodoform and dressed with a single layer of lint dipped in carbolic oil. An abundant padding of boracic wool was now applied, and finally the whole abdomen was encircled by a binder drawn fairly tightly.

The tumour, on examination proved to be made up of one large cyst, which had contained the bulk of the fluid, and several smaller ones each containing from half to one ounce of fluid.

*Subsequent History.*—The patient was allowed ice only for the first 48 hours, and the nurse was directed to use a catheter as occasion required. The pulse the same evening was 84.

On the following day, June 4th, the temperature was 99.4, pulse 73. Some nausea and slight vomiting had been present during the night. The symptoms were relieved by *ippecacuanha*, which proved of marked service. On the evening of the same day temperature was 99. Pulse 68.

June 5th. Temperature and pulse normal.

From this date onwards the patient continued to progress in the most satisfactory manner. On the 11th instant the stitches were all removed, and the wound was found to be perfectly healed. On the 24th patient left the hospital perfectly well. She was supplied with an abdominal support similar to those used for pregnancy.

*Comments.*—As this is the writer's first case of ovariectomy, a few allusions, relative to the lessons learned by him, may perhaps be helpful if passed on to others.

It will be observed that no *antiseptic spray* was employed; though apart from this the strictest precautions were observed to ensure everything being aseptic.

Whilst operating upon Mrs. P. the room was maintained at a temperature of 70°, a hot bottle was kept applied to the feet, and the extremities were carefully kept covered, and thoroughly warm.

Under these circumstances it did not seem to me a right thing to subject the surface of the patient's body to the cooling influence of a carbolic spray for a length of time by no means inconsiderable.

To cool down firstly a large area of skin, and then peritoneum, and finally the peritoneal cavity with its contents seemed to me to endanger a patient's life by a violent peripheral impression which might not result in any bad effect locally, but was very likely to do so remotely. Moreover, I thought that if "shock" or "collapse" eventually occurred, they might fairly be traced to such a prolonged cooling of the patient's body.

If anyone will take the trouble to read a most interesting chapter in Woakes' *Post Nasal Catarrh*\* he will observe with what ingenuity the author has worked out the subject of reflex irritation with reference to "taking cold." He speaks of the varying degrees of "mobility" or readiness to respond reflexly to impressions of various organs.

The bearing of this upon the present case is sufficiently obvious.

The nervous system of a patient with ovarian tumour, dreading the operation as Mrs. P. did, is certainly in a very "responsive" condition as regards a deleterious stimulus whatever its nature.

Whence the cause of death from "shock," "collapse," &c., after ovariotomy when there are no signs whatever of sepsis to account for a fatal issue? Are they not *sometimes* due to the effect of cold applied peripherally but responded to remotely through the infinitely delicate sympathetic nerve producing a degree of "vital depression" from which rallying is impossible.

It will be observed that *ice* only was given for the first 48 hours. It proved of the utmost service by allaying

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\* Lewis, Gower Street.

nausea, soothing the patient, and thus contributing to sleep.

Before concluding I may mention that three days after the operation the patient had a sanguineous vaginal discharge resembling menstruation. As this subject has recently been fully discussed in the pages of this Journal (April number) I merely state the fact.

Plymouth, October, 1887.

## AN ATTEMPT TO CONSTRUCT A SYSTEM OF THERAPEUTICS ON THE BASIS OF THE CHEMISTRY OF THE HUMAN BODY.

By J. COMPTON BURNETT, M.D.

I PUT my own name to this paper to save myself the trouble of a verbatim translation of an essay bearing this title, which appeared in the year 1882 in the journal of the homœopathic physicians of Berlin, and the gist of which I desire to bring before the profession in the English-speaking countries of the world.

There exists in Berlin a homœopathic medical society called the Berliner Verein Homöopathischer Aerzte, which society publish a journal entitled *Zeitschrift des Berliner Vereins Homöopathischer Aerzte*, under the editorship of Dr. Windelband and Dr. Sulzer, both eminent physicians of Berlin.

A distinguished member of this society was the late Dr. Ameke, of Berlin, who published in the before-mentioned journal two papers, one of which has been since published in book form and rendered into English by our able and promising colleague, Dr. Alfred E. Drysdale, of Cannes, under the supervising editorship of Dr. Dudgeon, of London, to whose erudition and diligence we most of us owe a good deal.

I am not here concerned with Dr. Ameke's *History of Homœopathy*, but mention it only in passing. The book is so good that I fear it will not be generally read; my object in mentioning it is to introduce a paper by the same Dr. Ameke, published by him in the same journal and at the same time under the title of *Versuch zu seiner Therapie auf Grundlage der Chemie des Menschen*,\* Von

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\* *Zeitschrift des Berliner Vereins Homöopathischer Aerzte*. 1 Band. Heft v. Berlin: Verlag von Otto Janke. 1882.

Dr. Ameke, prak. Arzt in Berlin, the English of which stands at the head of this contribution to the contemporaneous history of homœopathy in Europe.

Having read this paper in the year 1882, I have during the past five years profited a little in practice by what it taught me, and to this reference will be subsequently made.

I propose to give a very short epitome of Dr. Ameke's essay in as few words as possible, referring those more particularly interested in the history of homœopathic offshoots to Dr. Ameke's original article, which occupies nearly fifty pages of the fifth number of the first volume of the *Zeitschrift*. (Berlin, 1882.)

Dr. Ameke first quotes from Hahnemann, and puts our homœopathy through a very fine-meshed sieve indeed; and then refers to a number of authors whose work and writings seem to tally with Ameke's new departure in therapeutics, the three principles of which he thus lays down:—

“ 1. The chemical combinations that occur in the human organism may be (under circumstances) active remedies.

“ 2. Those chemical combinations that are found in a given organ or tissue may be used (under circumstances) as remedies for the diseases of the same (organ or tissue).

“ 3. Those chemical combinations that occur, or that occur in greater quantity, at the seat of definite diseases, may be the remedies of these self-same diseases.”

Or, in other words, the general organic materials of the body, or the particular constituents of the organ may be remedies for the body's diseases, or for the diseases of the organs or tissues, and likewise the peculiar products of a diseased part are to be the remedies of the diseases of the same, or boiled down still more; the organism, the organ, the morbid product have their remedies in their proximate chemical principles, and these remedies are to be used in homœopathic dilutions.

The common inorganic constituents of the body are, as a matter of fact, used as remedies by all schools of therapeutics, but Dr. Ameke's first principle deals with organic compounds.

Ameke's second principle includes Schüssler's base of operations, and is not easily, even mentally, separated from his first.

But Dr. Ameke's third principle requires more attention. At first sight I could see no difference between it and the now venerable isopathy of Lux; but Ameke seems to draw a difference in the complex and mutable nature of the isopathic remedies, their uncleanable dirtiness, their probable uselessness, because of their never-ending decomposing.

For my own part I have never been able to procure Lux's writings, notwithstanding my untiring efforts for years past both here and in Germany. If anyone would help me to them I should be very grateful.

The general impression I gather from the heretofore relative literature in our school is that isopathy consists in giving small-pox virus to cure small-pox, the syphilitic poison to cure syphilis, the poison of measles to cure measles, cancer to cure cancer, and so on; but whether Lux really presents it thus I do not know.

Dr. Ameke's third principle differs apparently from isopathy in this, that his remedies are chemical compounds, fixed proximate principles, and therefore known or knowable fixed quantities prepared from the disease itself by chemical science either from animal parts or products, or synthetically, and therefore neither dirty nor disgusting any more than, say, *phosphorus*.

Ameke reasons thus: Carbolic acid is a good antiseptic; it is itself the end-product of the putrefactive process, and it nevertheless prevents putrefaction—that is to say, the same substance which is formed in a given process is calculated to hinder the further development of this very process.

Dr. Ameke read up the various works on physiology, animal chemistry, &c., &c., and obtained from the manufacturers of biological products the following substances:—

Allantoin, alloxan, asparaginic acid, succinic acid, bilirubin, biliverdin, cholalic acid, cholesterin, choloidinic acid, chondrin, cerebrin, dextrin, dialysin, elastin, excretin, fibrin, globulin, gluten, glycerinphosphoric acid, glycogen, glycocoll, glycocholic acid, guanin, haematin, haemoglobin, uric acid, urea, hippuric acid, hypoxanthin, indol, inosit, kalialbuminate, keratin, kreatin, kreatinin, kryptophanic acid, lecithin, leucin, the various lactic acids, methylhydantoin, methyluramin, mucin, nuclein, oleinic acid, oxalic acid, oxaluric acid, parabanic acid,

palmitinic acid, phenol, protagon, scotol, stearinic acid, taurin, taurocholic acid, grape sugar, tyrosin, urobilin, xanthin.

Dr. Ameke obtained these proximate principles mostly from the chemical laboratories of E. Merck, of Darmstadt; Tromsdorff, of Erfurt; Schering's grüne Apotheke, Berlin; and those not there obtainable were prepared by Dr. Paul Jeserich, of Berlin, for Dr. Ameke.

When Ameke, in 1882, published the paper I am here trying to epitomize, *he had then been practising medicine in Berlin with the above mentioned substances during four years.*

Because in the acute diseases *urea* is increasedly eliminated, Dr. Ameke used *urea* 3 much as we use *aconite*, or *Schüssler fer. phos.*, and he gives a number of clinical cases thus treated, then *xanthin* seems to take the place of *kali chlor.*

*Hippuric acid* Ameke uses in a large number of cases, but does not say why; *allantoin* also and *mucin*.

Roughly, all the cases treated by Ameke, with either *urea*, *xanthin*, *hippuric acid*, *allantoin*, and *mucin*, would appear to be of the rheumatic, gouty, catarrhal kinds. Then comes *neurin* that looks like a really good "nervine." *Leucin* Dr. Ameke used for catarrhs, and seems to think it almost a specific for dysentery. *Cholesterin* he tried in vain in cataract, tuberculosis, and purulent processes, but found it a very notable remedy in liver affections, gall-stones, and even cancer of the liver.

He praises *lactic acid* in gleet.

The particulars of his use of his remedies in cancer and tumours Dr. Ameke reserves for a subsequent special treatise, speaking full of hope on the subject.

This was published by Ameke in 1882, and created a considerable flutter in the homœopathic dovecotes of Germany, and Drs. Windelband and Sulzer were severely blamed for inserting Dr. Ameke's new system of medicine in their *Homœopathische Zeitschrift*. And very great was my surprise and that of many of our German colleagues thereupon to find this same Dr. Ameke coming out as the author of about the only real *History of Homœopathy* we have!

Whether Ameke's notions on the use of human bio-chemicals as the curative agents for human bodies, its

diseases and hyperplasias have been since followed by any corroborative work in Germany, I am unable to say.

During the past five years I have been in the habit of using some of them, and more particularly *urea*, *hippuric acid*, and *cholesterin*, all three of which I have no hesitation in saying will eventually take their places in our *copia remediorum*, and if I had any doubt at all as to *urea* and *hippuric acid*, I have none whatever about the future of *cholesterin* as a very notable hepatic; in one case of what seemed like cancer of the liver it acted so well that the patient got well and quite lost his yellow cachectic look, and expressed great gratitude to the remedy used. I said nothing to him about either remedy or disease. I used either the 3 or 3x trit., but which I do not remember.

If in the lapse of time some of the proximate principles mentioned by the late Dr. Ameke should prove valuable remedies we shall owe another debt of gratitude to the learned author of the *History of Homœopathy*.

London, November, 1887.

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### FREEDOM OF OPINION IN THERAPEUTICS, THE *ODIUM MEDICUM*.

THE action brought by Mr. Millican against Admiral Sullivan and others to prevent their extrusion of him from his post on the staff of the Jubilee Hospital has resulted in a vigorous and well sustained controversy in the columns of *The Times* and of *The Globe* newspapers, initiated by that staunch defender of Right against Might, that powerful exposé of shams—Lord Grimthorpe, better known, perhaps, as Sir Edmund Beckett-Denison.

To the first of his Lordship's letters we briefly referred in our last number (p. 65). We now propose to give an outline of the history of, and a few comments upon, the entire correspondence.

In the first place it must be remembered that primarily the question was not whether homœopathy was true or false, valuable or useless—but, at the Margaret Street Infirmary, whether a member of the medical staff of a hospital had a right to prescribe for his patients in such a manner as his experience had taught him was most conducive to their recovery, or whether he must, in treating them, bow to the views of the majority of his colleagues; and, at the Jubilee Hospital, whether a member of its staff had the right to be professionally attached to a hospital some of the medical



officers of which openly acknowledged the truth of homœopathy.

Mr. Millican, the surgeon to the Margaret Street Infirmary and also to the Jubilee Hospital, is not a homœopathist. The ground taken up by him can be best understood by quoting his letter to *The Times* of the 28th December, which is as follows :—

“ When first the doctrine (or rather the therapeutic rule) ‘ let likes be treated by likes ’ was enunciated by Hahnemann it was received by the medical profession at large with derision, and scouted as an axiomatic absurdity. Such being the state of things, one section in the medical world claiming as its only principle in therapeutics a rule which the other section regarded as both impossible and absurd under any circumstances, it was obvious that a consultation between members of the rival schools must lead in the very nature of things to one of two results—either a hopeless disagreement, or the entire sacrifice by one or other practitioner of his principles. In the former case it would be unfair to saddle the patient with the useless and unnecessary expense of a consultation that must inevitably be barren ; in the latter the consultation would be equally a useless and unnecessary expense, and in addition a sham and a fraud. Moreover, at a time when a homœopath was practically pledged to infinitesimal fractions of a drug for a dose, while the ‘ regular ’ profession did not believe that any action at all was to be produced by small doses, there was another element which landed the proposer of a mixed consultation in the same dilemma as in the case of the doctrine above referred to.

“ But now all that is changed. We of the ‘ regular ’ profession admit that there are individual cases where a drug, which in the healthy body in large doses will produce certain symptoms, will in small doses cure similar symptoms arising from the disease. For instance, we have it on Dr. Ringer’s authority (and very many of us can verify it from our own personal experience) that drop doses of ipecacuanha wine (in large doses a popular emetic with which even most mothers of families are acquainted) will check many forms of obstinate vomiting. But grant one instance, and the contention that the law is an axiomatic absurdity falls to the ground. The difference becomes no longer one of first principles, no longer one of kind, but one of degree ; consequently there is no pre-determined impossibility of an honest agreement in consultation as to the drug indicated in a given case. The same line of argument holds good in the question of dosage ; for while many homœopaths discard dilutions and infinitesimal doses, we have on our side learnt that, although always using the

stronger preparations of drugs, there are many cases in which single drops or grains, or even fractions of a drop or grain, will have a distinct therapeutic effect.

“There is, therefore, no longer on this score either that predetermined impossibility of an honest agreement in mixed consultations which was the justification, or at least the excuse, for our action in the past. But the enmity and rancour aroused by an exchange of the lie direct remain—on their side since they see us admitting bit by bit, but without apology or explanation, some of the points we have hitherto denied; on ours, as is often the case, from the assailant to the assailed. There is, of course, still a difference, and in many respects a marked one, between the two schools, but it is a difference of degree more than of kind, and consequently one not hopeless of a final harmonious adjustment if approached in a conciliatory manner on both sides. Overtures have frequently been made from the other side, but, having proclaimed aloud our *non possumus*, we will not retract. And so we find some other reason for not withdrawing our excommunication. The homœopaths have broken the unity of the profession. They have become sectarians, ‘trading on a name,’ with an organisation, societies, hospitals distinct from and opposed to those of the ‘regular’ profession.”

In other words, if, as Dr. Lauder Brunton admits, the doctrine of homœopathy is one of partial application (without defining the extent to which it is capable of being applied), professional communion between the two sections into which the profession has, unfortunately for both sides, been divided, on the assumption, by one party, that homœopathy is wholly false, and by the other that it is entirely true, is no longer capable of support. To use a homely phrase, this antagonism has, by this fact alone, had “the bottom knocked out of it.”

In the same number of *The Times*, a correspondent, who signs himself “The Founder,” a surgeon of the name of Benham, who, we believe, is well-known at St. George’s Hospital, asks permission “most emphatically to contradict Lord Grimthorpe’s statements in Saturday’s issue of your paper in reference to this institution.” He excuses himself from going into detail on the ground that the appeal against Mr. Justice Manisty’s ruling had not been heard. This, Lord Grimthorpe, on the day following, describes as a “tolerably strong piece of controversy,” and asks which of his statements he means “to call false?” He then goes on to point out that much of the conduct of the allopaths towards homœopaths brings them within the range of conspiracy at common law, and concludes his letter as follows:—

“And now I see that they have advanced a step further, for

Mr. Millican appears not even to be guilty of the crime of homœopathy himself, but only with keeping company with unbelievers in the infallibility of the allopathic blue pill and large dose men at the Margaret Street Infirmary. Like all tyranny, that must go further: any doctor who meets Mr. Millican in consultation must be boycotted too on logical principles."

Following Lord Grimthorpe's, we find a communication from Dr. Thudichum, who, as might be expected, rides an exceedingly high horse. and, while doing so, assumes an air of authority and self-importance which must have been highly entertaining to those who know anything of "the Chairman of the Board of the Queen's Jubilee Hospital, Gloucester Place," and physician in charge of diseases of the nose to that institution. Here is what he wrote:—

"The attempts of Lord Grimthorpe and Mr. Kenneth Millican to make the public take an interest or a side in a case of questioned professional ethics arising out of disputed doctrine will probably remain without any useful result. For my own part, and of those who co-operate with me, I deprecate the discussion, first, because, so far as disputed doctrines are in question, the medical profession have long since definitively spoken, and not in the sense of those whom Dr. Millican describes as 'we of the regular' profession; secondly, because an appeal against the late judgment is pending, being the fourth act of the forensic drama by which Mr. Millican has manifested his strong desire to be one of the surgeons of the Queen's Jubilee Hospital; and, thirdly, because both Lord Grimthorpe and Mr. Millican put forth statements which do not bear a moment's inquiry."

Mr. Millican had used the employment of drop doses of *ipêcacuanha* wine in the treatment of vomiting as his illustration of the fact that the bulk of the medical profession admitted that homœopathy is, as Dr. Lauder Brunton states that it is, "of partial application."

Dr. Thudichum thinks that he can upset this assertion by a quotation from the late Sir James Simpson's book, entitled *Homœopathy; its Tenets and Tendencies*. This quotation contradicts a statement made by the late Dr. George Stewart, of Dundee, published in a letter addressed to the late Sir Robert Christison, a few weeks after graduation at Edinburgh in 1851. The statement was to the effect that Professor Simpson had, when lecturing on the treatment of vomiting during pregnancy, assured his class that he had in one case successfully given a grain of *ipêcacuanha* powder to check a very obstinate vomiting of this type, and that he had done so on the recommendation of Dr. Arneth of Vienna, who was at that time visiting Edin-

burgh. In this quoted foot-note Simpson denies everything point blank. This Dr. Thudichum describes as "the history of the allegation," one which has "been refuted by the late Sir James Simpson, the discoverer of the use of chloroform." In the first place it is no history at all. The history of this employment of *ipêcacuanha* by the opponents of homœopathy dates from the publication of the first edition of Dr. Sidney Ringer's *Handbook of Therapeutics*, several papers in *The Practitioner*, by Dr. Anstie, and various communications to *The Lancet* and other journals about twenty years ago. Secondly, Dr. Stewart's statement was perfectly accurate. Dr. George Wyld and Dr. Pope were both members of Professor Simpson's class at that time, and both have a clear and distinct recollection of his making the statement he, three years afterwards, denied that he did make.

Major Vaughan Morgan very judiciously availed himself of the opportunity afforded by this correspondence to throw some additional light upon the attitude assumed by that section of the profession which delights to regard itself as "orthodox" and to style itself "regular" towards that which believes in and practises homœopathy. Writes the chairman of the London Homœopathic Hospital:—

"Over and over again the new school, called by their antagonists the 'homœopathic,' have offered to drop the name and discontinue their hospitals and journals provided fair play be conceded on the other side. Many years ago an offer of upwards of £20,000 was made by one bearing the honoured name of Gurney to any hospital which would devote a large ward to the treatment (under the inspection of its authority) of patients on the new principle. Again, when an appeal was made a few years ago by the Duke of Westminster for funds to enable St. George's Hospital to utilise its wards, the writer offered to subscribe £1,000 a year for five years on the simple condition that it should be expended in testing the system in one of the wards of that hospital. But no; rather would they keep the wards closed and let the poor patients die, than assist at the dissemination of such heresy. Moreover, the discussion of the system, and even the advertisements of books bearing on the subject, are rigorously excluded from all the medical periodicals. What then are those who, like myself, have a life-long experience of the system and an ardent belief in its efficacy to do? We have established a hospital with 90 beds in London and support two periodicals, but would gladly drop these if only guaranteed fair play and a cessation of boycotting."

On the following day Mr. Millican replied to Dr. Thudichum by quoting the opinions of Dr. Ringer and Dr. Lauder Brunton

on the value of *ipêcacuanha* in vomiting (these are well known, and we need not reproduce them here), and in again defining his position in the controversy so far as it related to homœopathy. He says :—

“ It is not my intention to try and prove the general truth of the homœopathic rule. The general application thereof has not yet been proved to my satisfaction any more than to that of Drs. Ringer and Lauder Brunton. But my contention was, that one instance in which it does apply—and I could show many more—is enough to decisively disprove our former allegation that the rule is an axiomatic absurdity ; and to bring the discussion down from a question of kind to one of degree, and, therefore, capable sooner or later of harmonious adjustment.”

On the last day of the past year *The British Medical Journal* treated Lord Grimthorpe to a paragraph of what the Americans call “ tall talking.” “ Homœopathy,” asserts this would-be oracle of all medical wisdom, “ in the opinion of all medical men generally is either a nullity or a fraud.” “ This conviction,” it adds, “ is shared by the wisest and best among us.” After suggesting that the boycotting of homœopaths by the rest of the profession would be imitated by the bar in the case of a barrister receiving his instructions direct from a client, instead of through a solicitor—a forced analogy of which Lord Grimthorpe, in *The Times* of the same day, made thorough mincemeat—this defender of the restriction of liberty of opinion in therapeutics says it is not in Lord Grimthorpe’s “ power or his right to constrain the great body of highly educated men, who regard such practices as frauds, or nullities, or public dangers, to enter into or to countenance any professional alliances with their professors. His violence, his threats and his rhetoric appear, therefore, to be alike thrown away.”

As the writer of this paragraph knew quite well, Lord Grimthorpe expressed no desire to constrain any one. His object was to prevent the imposition of constraint. Dr. Thudichum and his associates desire to constrain Mr. Millican from connecting himself with a hospital where no constraint is imposed upon the physician when prescribing medicines. They further desired to constrain every member of the medical staff of the Jubilee Hospital from prescribing homœopathically. Were there no constraint imposed by medical societies, there would be no refusal on the part of most hospital physicians to form and express an opinion as to the nature of an obscure case under the care of a homœopathic physician, few, if any, surgeons would refuse to operate on one in a similar position. It is the

compelling members of the profession not to do that which they would willingly do but for the fear of incurring certain pains and penalties, against which Lord Grimthorpe has entered his protest. If a physician is so ignorant or stupid as to regard homœopathy as a fraud and homœopathic physicians as knaves, he is at perfect liberty to refuse to consult with the latter; but he has no right to insist that every other member of the profession shall endorse his ignorance or stupidity, and refuse professional courtesy to those it is his pleasure to regard as unfit to co-operate with.

Lord Grimthorpe, after showing that the analogy attempted to be set up by the *British Medical Journal* did not exist, writes:—"The real analogy that would suit this medical trade union would be if the bar were idiotic enough to try and boycott some considerable number of them who made speeches or examined witnesses in some way that the majority either disapprove of or are unable to imitate successfully. If the minority generally failed that would soon settle itself; and so it would if homœopathists generally failed. But instead of that they increase, which proves that they do not fail, without anything more."

In describing the general diffusion of an appreciation of homœopathy throughout England, Lord Grimthorpe has misread some pamphlet which has been sent to him, and has given the number of homœopathic doctors in England as being 10,000. This is the estimate—one we believe rather under than over—the number of physicians practising homœopathically in the United States of America, not in England.

The following passage concludes his Lordship's letter:—

"These writers very naturally 'deprecate discussion,' except their own. 'The medical profession have long since definitely spoken.' *Roma locuta causa finita est*. If it is worth asking again, as I did in vain at Margaret Street—When, where, how, and by what authority? They have given me, and therefore Mr. Justice Manisty, 'an emphatic contradiction,' and that ought to be enough for us and the public. They affect to treat my 'boisterous rhetoric' with contempt, and say 'the public will take no interest in it.' Then they need not be in such a fury at it. I have opposed and defeated a good deal of trade unionism in my time—of clockmakers, architects, and even of ladies, who all tried to beat me by abdication or secession; and I have lived to see workmen's unions, against which I wrote ten years ago, confess their failure to do a great deal that they expected. I am not frightened of being washed away by black doses from a set of medical conspirators."



Mr. Labouchere, in his weekly budget called *Truth*, has the following paragraph on the article in *The British Medical Journal*:—

“The doctors have not been able to make out much of a case against Lord Grimthorpe’s attack upon their narrow-minded refusal to recognise the homœopaths. The article in Saturday’s medical journal manages to sling a good deal of abuse at his lordship, and very little else. Two blacks do not make a white, and, even if they did, there is absolutely no analogy between a barrister’s refusal to see his client personally and an allopathic doctor’s refusal to meet a homœopathic in consultation. Lord Grimthorpe may be ‘a boisterous rhetorician,’ who wields ‘a literary truncheon’ with ‘special gusto,’ but that is a poor argument against him, and only shows how his foemen are smarting under his assault. This being so, it is a little ludicrous to find this *Journal* asserting that ‘his violence, his threats, and his rhetoric’ are ‘alike thrown away.’ What pachyderms these members of the faculty are!”

In this number of *The Times* Dr. Pearse, one of the Jubilee Hospital Medical Staff, has a short letter, in which he gives as the reason for endeavouring to oust Mr. Millican that “scientific medicine has, over and over again, rejected the principles and practice of homœopaths, and, therefore, the Committee of the Queen’s Jubilee Hospital, desiring that support, did not consider it politic to retain a member in Mr. Millican, who had practically thrown in his lot with the homœopaths.”

To express a desire to give fair play to those from whose opinions one differs is, in the estimation of Dr. Pearse, “practically to throw in” one’s “lot” with them!

On the fourth ult., in addition to a letter nearly two columns in length signed “R. B. C.,” and another occupying a column signed “J. C. B.,” denouncing homœopathy and all who believe in it in no measured language, a third from Mr. Millican in reply to Dr. Thudichum, “The Founder” and Dr. Pearse, with a fourth signed “Phlebotomist,” to show that Lord Grimthorpe once when at the bar “came sadly to grief through seeing a client without the intervention of a solicitor”—a bit of spitefulness which a day or two later Lord Grimthorpe demolished with a thoroughness which so petty and irrelevant an outburst did not deserve—*The Times* had, in addition to these, a leading article in which the essentials of homœopathy were well and clearly set forth.

“R. B. C.,” in an attempt “to explain and to endeavour to justify the attitude of the medical profession towards homœopathic practitioners,” commences by asserting that “technically these persons are members of the medical profession, practically they are not.” We should be quite as



much justified in saying that "R. B. C.," though "technically" a member of the medical profession, is "practically" only an "oculist!" This method of begging the question at issue is too contemptible, too palpably absurd to render it necessary to waste space in its refutation. About the middle of his letter "R. B. C." says:—"There is, of course, no limit to the erroneous opinions which people may entertain about subjects on which they are profoundly ignorant." Here every one will agree with him, and everybody who has studied and practised homœopathy will, on reading his letter, come to the conclusion that "R. B. C." himself is one of the best, as he is, perhaps, the most recent, illustration of the truth of the principle he lays down. Drawing upon his imagination for his facts, and trusting implicitly in the ignorance of the profession and the public of the history, nature, and meaning of homœopathy, he commences after this manner:—

"Homœopathy, properly speaking"—i.e., we presume as "R. B. C." speaks, or desires to be supposed to speak—"is a body of doctrine which was invented by Hahnemann, and which, after some preliminary publication in 1796 and in 1805 was finally put forth in 1810 in a work entitled *Organon der Rationellen Heilkunde* as comprising the whole philosophy of medicine. It was not the fruit of research, but was evolved by the inventor out of his moral (or immoral) consciousness." It would be difficult to pen a concise history of homœopathy more completely unreal than "R. B. C." has done. Homœopathy—which is set forth clearly in Hahnemann's earliest essay (1796) was the result of six years of patient and continuous research. Its further development the consequence of fifteen or sixteen years of practical experience and continued study. This is known to every tyro in the study of the history of homœopathy. "R. B. C." ignores it, preferring the authority of his own "moral (or immoral) consciousness," with the result of making himself responsible for what Dr. Dudgeon subsequently correctly described as "grotesquely erroneous views."

He proceeds to show how limitless are the erroneous opinions a person may hold on a subject regarding which he is profoundly ignorant—for we do not desire to suggest that "R. B. C." is wilfully misleading his readers—and defines homœopathy as consisting, *First*, in the doctrine that all diseases depend upon a sort of evil principle called "psora," or itch pervading the system of the sufferer. It is sufficient here to say that, in the *first* place, this doctrine of "psora" is a pathological doctrine; homœopathy is one that is therapeutic. The presence of a dyscrasia, as lying at the bottom of morbid processes, has to do with the nature of the

disease. Homœopathy relates exclusively to the selection of medicinal remedies for its cure. *Secondly*, Hahnemann taught and practised homœopathy for thirty years before he adopted and expanded the views of Autenreith regarding the pathology of a certain number of chronic diseases. *SECONDLY*, on the doctrine that all the symptoms of disease could be relieved or cured by the administration of medicines which would produce similar symptoms in a healthy person. This, and nothing more or less, is homœopathy. But R. B. C. has a "*THIRDLY*," viz., "that to produce their curative effects, such medicines must be given, not in small, but in infinitesimal doses, that is to say, in doses ranging from the millionth to the decillionth of a grain." This is not homœopathy. There is, to begin with, no "must" about the matter. Hahnemann practised homœopathy as purely when he gave small doses, grains, and fractional parts of grains, as he did when in years long after his experience had taught him that infinitely smaller doses would do as well in most cases and better in many than such as were more material. Dr. Ringer is practising homœopathy when ordering quarter or half drop doses of *aconite* in sthenic fever just as much as an avowed homœopathist is doing when giving the same medicine in a similar case in the third, sixth, or twelfth dilution. *FOURTH*, "R. B. C." asserts that homœopathy involves a belief in the potency of the medicine being increased in proportion to the diminution of the dose, and that it is also increased in proportion to the number of rubs in a mortar or shakes in a bottle which were employed in making the mixture from which the diminished dose was to be taken. This is simply a more or less inaccurate description of Hahnemann's endeavour to explain how it became possible for such infinitesimal quantities of matter as he had seen influence the body to do so. He supposed this to be so through the development of latent force evolved by means of prolonged trituration, just as metallic mercury is rendered active by the same process. Whether this idea is true or otherwise in no way affects the question of whether homœopathy is true or not.

From certain calculations of the late Mr. Heckstall Smith, which have no bearing upon the matter, "R. B. C." draws the conclusion that "the bulk of sugar of milk required in order so to dilute one grain of nutmeg that each grain of the mixture should contain one grain of the spice, would be greater than the whole bulk of the universe of which the earth forms a part." This is sheer humbug. The quantity of sugar of milk required for this purpose is 8,000 grains. If "R. B. C." had enquired the amount needed of a homœopathic chemist, who is constantly making triturations of the kind, instead of

trusting to the misleading figures of his departed friend, who never made any preparation of the sort, he never would have committed himself to such a ridiculous statement even for the purpose of persuading people that homœopathy is "a fraud and a nullity." But then, as he most truly says, "there is no limit to the erroneous opinions which people may entertain about subjects on which they are profoundly ignorant." "R. B. C." is "profoundly ignorant" regarding homœopathic pharmacy, and hence his "opinions" thereon are necessarily "erroneous."

Then "R. B. C." contends that the principle of drug selection known as homœopathy is at direct variance with "the principle which is the guiding light of modern medicine, viz., that it is the business of the physician to go behind symptoms to the morbid changes which are underlying them." He then adds, 'There is a science called pathology which deals with the exact nature of those departures from natural structure or from natural functions which constitute disease, and *with the means by which such departures may be rectified or brought under control.*' The first part of this definition is correct, that which we have italicised is not. The rectification or bringing under control of these departures is the work of therapeutics. Therapeutics comprises the giving of medicines—which the homœopathists contend should be selected in accordance with the law of similars—hygiene, dietetics, climatology, and other means of modifying the health of the body, which are regulated by the teachings of physiology. He illustrates the idea which he desires to impress upon the readers of *The Times*, viz., that homœopathists ignore pathology by the treatment of cough, which may be due to several causes, such as laryngeal, pulmonary, gastric or some other irritation. "The doctor," he says, "has to find out which of these causes or of others is in operation, and then to take his measures accordingly." This is true enough, and doctors of all sorts, whether homœopathic or ignorant of homœopathy, go through precisely the same kind of investigation. How do they find out the cause? By taking into careful consideration the whole body of symptoms and signs of disordered health presented by the patient. How do they take "measures accordingly?" The non-homœopath either by speculating on the nature or the cause—some irritation—and prescribing an anodyne, which may for a time prevent the irritation being manifested, but which never cures the irritation, i.e., is never directly instrumental in restoring the part irritated to health; the homœopath by selecting a medicine which has in a healthy person produced more or less (and the more the better) symptoms

and signs of disordered health like those which have led to a knowledge of the cause of the disease. By taking *all* the symptoms we may rest fairly sure that the irritation produced by the drug is owing to a similar condition of the parts giving rise to the symptoms of disease. "R. B. C." regards the idea of similar effects reflecting a similar condition as "the drollest part of the whole homœopathic hypothesis!" The study of therapeutics is rather a tough subject to extract "fun" from, and if "R. B. C." can get any we would be sorry to deprive him of it. As he is profoundly ignorant of homœopathy, and is therefore liable to entertain erroneous opinions regarding it, and as erroneous opinions are often amusing, he may be able to succeed where better informed persons would fail.

He next tells his readers that homœopathy has been brought to the test of experiment and has failed. His evidence is the failure of M. Andral at La Pitie, in Paris, in 1885. M. Andral's, burlesque of an experiment has been so often exposed, that we should have thought that even "R. B. C." would have hesitated before trotting him out on the boards of controversy again. The account of these experiments is given in the *Bulletin Général de Thérapeutique* (Sept. 1884). Fifty-four cases were "treated," of them thirty-five only were reported by M. Andral's *interne*—M. Maxime Vernois. M. Andral, instead of selecting a medicine by the light of the whole symptoms, was, in each case, satisfied with one which he calls the "predominant," and this predominant symptom seems to have been somewhat capriciously adopted. In a case of phthisis, *e.g.*, the guiding symptom was giddiness! Homœopathy cannot be practised, much less scientifically tested in this way! Then, again, three-fourths of the cases were such as required a long course of treatment to cure, and yet none of them received more than one dose of the assumed homœopathic remedy.

In short, M. Andral undertook to make an experiment of the very first steps of which he was ignorant. "R. B. C." writes of 180 or 140 patients having been under treatment. M. Andral's house-surgeon only refers to 54. "R. B. C." says that M. Andral, when before the *Académie*, stated that "every requisite care and precaution had been duly observed." M. Vernois' report in the *Bulletin* proves that no care, no precaution had been observed. M. Andral is also reported by "R. B. C." to have said that "in not one instance was he successful." Knowing the way in which he set about his experiment this would not have been surprising; but by some happy chance he seems to have hit upon the right medicine now and then, for M. Vernois admitted that out of

the 54, eight made permanent recoveries, and seven others were better the day after getting the medicine ! \*

M. Andral's experiments may therefore be set aside as "nullities," if not as "frauds."

"R. B. C." attributes the recovery of patients under homœopathic treatment to what he calls the "fact that many professing homœopaths do not practise homœopathy." Of this supposed fact he adduces no evidence, for the all-sufficient reason that none exists. If this were a fact, how is it that patients under the care of medical men, believed to be practising homœopathically, recover so much more speedily and in such greater proportions than do those under that of those who are supposed to know nothing of homœopathy ? How was it that the mortality at the London Homœopathic Hospital, during the cholera epidemic of 1854, was only 16.4 per cent.—two-thirds of all cases admitted being in a state of collapse—while that in other institutions at the same time was 51.8 per cent. ?

If "R. B. C." is often at a loss for an explanation of a fact he must needs discredit in some way or other, he is never wanting in a readiness to slander his neighbours by imputing to them dishonesty in both word and deed. With regard to the point at issue in the case of *Millican v. Sullivan* and others, "R. B. C." says : "I should decline to consult with them (*i.e.*, homœopathic physicians) or to receive them as hospital colleagues, because I have no common ground of science on which I could meet them." No one objects to "R. B. C." taking this course ; but what Lord Grimthorpe and others protest against is that "R. B. C." should insist on all other hospital physicians and surgeons doing as he thinks proper to do, and imposing all sorts of disabilities on those who refuse to obey his behests.

The letter of J. C. B." contains little or nothing worthy of notice. He claims for medical men "the free exercise of professional discretion." That is all that we demand. But this professional discretion must be free. The very object of the Jubilee Hospital Committee is to restrict Mr. Millican's professional discretion. The object of the resolutions passed by medical societies to exclude medical men from membership who openly practise homœopathy is to restrict professional discretion. The purpose of many another resolution prohibiting physicians and surgeons from cooperating professionally with homœopathic practitioners is to restrict professional discretion.

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\* *Brit. Jl. Hom.* vol. iii., p. 49.

"J. C. B." concludes his letter by saying: "The fact is there has been too little of the *odium medicum* in relation to homœopathy. Trusting to its inherent weakness"—what a frail reed is that for our "J. C. B.'s" to lean upon—"and the good sense of the British public"—that indeed is one ground of our confidence in the ultimate triumph of homœopathy—"the medical profession has treated it of late years with contemptuous indifference. But the aggressive tendencies which it has recently displayed, and Lord Grimthorpe's ill-advised and intemperate advocacy will, perhaps, rouse the profession to expose once more, and once for all, to the popular gaze, its fallacies and speciosities and absurdities." We are delighted to hear it, and trust that "J. C. B." may be a true prophet for once! "Our withers are unwrung." The more the "R. B. C.'s" and "J. C. B.'s," or any other alphabetical combinations endeavour to expose homœopathy to the popular gaze, the better we are pleased, so long as we can have so fair a field as we have had on this occasion in *The Times* newspaper. Let them, however, study the subject before commencing operations, for, as one of them admits, "there is no limit to the erroneous opinions which people may entertain about subjects on which they are profoundly ignorant." On the subject of homœopathy, both "R. B. C." and "J. C. B." appear at present to be profoundly ignorant.

In its leading columns *The Times* of this date devotes an article to the consideration of the various questions involved in the correspondence. After a brief reference to Lord Grimthorpe as a "thoroughly delightful controversialist," a statement of Mr. Millican's case from a legal standpoint, and a passing allusion to the two letters on which we have commented, the writer alludes to the Hahnemannian School, which, he very erroneously says, "has many adherents in this country and is very strong in America." Here, this section of homœopaths numbers about half-a-dozen; in the United States, a hundred or a hundred-and-fifty would probably include the whole party. After some remarks on what are termed high dilutions, the writer proceeds as follows:—

"The reason assigned for attenuation is that if medicines are carefully selected according to the homœopathic rule and given for the cure of symptoms similar to those which they produce in the healthy body, it becomes absolutely necessary to give very small doses, otherwise aggravation instead of amelioration is the result. But alongside of this theory, which seems rational enough from any point of view, there unquestionably exists the other doctrine, carried by some to the most incredible lengths, that attenuation actually adds to the potency of drugs in the ratio of the 'shakes' they receive. It



is a mistake, however, to assail the honesty even of people who accept the extreme forms of Hahnemann's theory, and it is a pity to adopt such statements as that they merely use globules of sugar of milk without any attempt to medicate them. There are men in the homœopathic ranks who have given conclusive proofs of honesty and disinterestedness by accepting loss of money and of consideration for the sake of their opinions. Moreover, it is possible to name homœopathic practitioners whose general intelligence and whose knowledge of medical science cannot be looked down upon by many men in the regular profession. It is better worth while to enquire by what side homœopathy appeals to men of average probity and intelligence than to draw extreme deductions from premises possibly but partially apprehended, and then to brand all homœopaths as either knaves or fools.

“ Besides the transcendental homœopathy to which we have just referred, there is another form which does not so easily lend itself to ridicule, and with which Dr. Millican has probably made acquaintance. It does not hold itself bound to maintain all Hahnemann's blunders about psora and other things of that kind, any more than orthodox medicine feels bound to stick to all the practices ridiculed by Molière. It holds that dosage is not an essential of doctrine at all, but a matter of practice and experience. Probably a student of the vicissitudes of ordinary practice would come to the conclusion that orthodox practitioners hold practically the same views. Homœopaths of this school maintain that the essence of their system lies in the therapeutic rule that the drug most likely to remove given symptoms is the one which most exactly simulates them when administered to a healthy person. This rule may be sound or not, but at all events it brings the whole matter to the empirical test, which, with all deference to medical science, is always the ultimate and conclusive test. No matter how much you know about the cause of disease, experiment alone can give assurance that a certain drug can or cannot cure it. Homœopaths say that their rule gives them a clue to drug selection which they do not find elsewhere, and that the dose is a detail which experience must settle. There is nothing so very wonderful about their rule after all, and they do themselves a great deal of harm by making too much of it and claiming it as an exclusive gospel. They make it the unique and universal law of therapeutics, which it demonstrably is not. Doctors are every day of the week treating symptoms by drugs which are capable of producing the same symptoms. *Ipecacuanha* is a case in point. It produces vomiting, as every one knows, but it also cures vomiting and nausea of certain types, as Dr. Ringer bears



witness. *Grey powder* cures diarrhœa—*teste* Ringer again—but any man can prove in his own person that it causes diarrhœa when taken in health. In some persons certainly, if not in all, *arsenic* can easily be made to cause eruptions, and no drug is more useful for their cure. Pereira, who is, or used to be, an orthodox authority, gives ample evidence that a drug can produce contradictory symptoms in varying conditions; hence, if it is a contrary to one set, it is a similar to another. 'R. B. C.' objects that the symptom caused by the drug has nothing in common with the disease it is used to cure. Perhaps not, but what does it matter? The purging of *grey powder* may be totally different from infantile diarrhœa, but *grey powder* cures the disease, and if the superficial similarity guides a doctor to its use, the patient is the gainer. It is fair, however, to remember that homœopaths repudiate the idea that they go by one symptom. There are a hundred things that produce diarrhœa, and in choosing *grey powder* for a given case they are guided by the concurrence of many collateral symptoms with the recorded symptoms that follow the ingestion of *grey powder* in a healthy subject. That is their substitute for the physiological inquiry into the inner nature of the disease which, as 'R. B. C.' tell us, it is the aim of a good doctor to carry out. If a man has a pain in his side, a doctor sets to work to discover whether it is due to inflammation or flatulence. He does this by means of minor and collateral symptoms, the nature of the pain, its exact seat, the state of the pulse, and so forth. Homœopaths say, and we are only giving their contention in the interests of fair play, that they do just the same, and choose a drug which produces not merely a pain in the ribs, but all the symptoms, or as many as they can get, in combination. Perhaps they are wrong, but there are just as startling divergences of practice within the orthodox profession as anything that is necessarily involved in this principle. But both sides are in an unfortunate state of irritation and distrust. Orthodox people actually decry their own principles and practice when homœopaths adopt them, and homœopaths, instead of rationalising their method, are morbidly anxious to make it appear that they have got hold of something altogether unheard of until Hahnemann received direct illumination from on high."

Two days later Lord Grimthorpe resumed the attack, and in doing so commenced by saying, "I have a truly allopathic dose of three columns of bad reasoning to work off, and I cannot treat it homœopathically, either in quantity or (I hope) *similia similibus* as to quality."

Having disposed of "Phlebotomist," and asked "R. B. C."

the size of the dose of Tetzé poison required to kill an ox, he thus replies to "R. B. C.'s assertion that the globules sold as medicated with different medicines are in reality unmedicated sugar."

"He says I 'shall be surprised to learn that, according to the current report among druggists (who mostly live by allopaths), that homœopathic pillules sold to old ladies (and, therefore, to everybody), do not contain a particle of the various medicaments after which they are named,' but only sugar and such-like things. I am not the least surprised at any such report being circulated in A interests. But I have heard another, and one which neither my informant nor his authority for it, one of the principal London druggists, had any interest in inventing—viz., that nobody (except the A druggists) has any idea of the quantity of H medicine that is secretly prescribed by A doctors. If an H had told me that, of course it must have been a lie, for we know from what was sworn in the Jubilee suit, and I know from some A letters I have been receiving, that 'every H is an impostor and a liar, and (in Jubilistic grammar) a fraud.'

Lord Grimthorpe then noticed "R. B. C.'s" allusion to M. Andral's experiments, and in so doing refers to M. Tessier's experiments at Ste. Marguerite, and the cholera statistics of the London Homœopathic Hospital. Regarding the latter his lordship writes :

"In 1854 it seems that the English Government had the courage and power to order the general patients to be cleared out of the H Hospital of London to take in cholera ones, under its own doctors, and appointed a committee of the College of Physicians to report on the results from all the hospitals, and medical inspectors were also appointed. That committee presented the reports from all of them except the H Hospital, although the inspector had made his report of it to them. At last the House of Commons ordered them to report that, and then they had to confess, with disgust, if not with shame, that the deaths there had been only 16.4 per cent., while the average at the others was 51.8 of the patients. What has 'R. B. C.,' with his 'abundance of experience,' and 'immoral consciousness of H's, to say to that, either physically or morally.

In noticing "J. C. B.'s" letter, Lord Grimthorpe quotes some very unreserved language respecting the art and science of medicine made in medical societies, and says : "We have read of Popes and priests who were suspected, if not known, to be infidels, and yet persecuted heretics as briskly as the best ; but they kept the secret of their unbelief better than these successors of them do."

In concluding his letter, his Lordship says: "Their pretence now—that they only want to leave the H's alone, and not to meet them in consultation—is obviously false. In every possible way they have shown their determination to expel and ruin them in every place where the A's have got dominion, though it is evident that the best of them are private unbelievers in their own avowed faith. The H's are not that at any rate." Lord Grimthorpe is followed by Dr. Dudgeon, who, quoting "R. B. C.'s" statements, refutes them *seriatim* as thoroughly as all who know him would anticipate his doing.

Dr. Dyce Brown comes next, and, in a running commentary on the leading article to which we have drawn attention, sets forth the principle of homœopathy, defends the use of the higher dilutions as being one of the lessons taught by experience, points out the necessity of pathology in studying the nature of disease, while rejecting the speculations arising out of it as a basis of drug selection, concluding that "our mode of selecting the medicine is far more sure and scientific than any merely speculative drug selection." Quoting the reference in *The Times* to Dr. Ringer as an authority for giving *ipêcacu-anha* in sickness, Dr. Brown asks, "where did Dr. Ringer get his information on this and many other bits of 'new' practice from?" He also wishes to be informed whether it was a mere coincidence that until Dr. Ringer's book was published they were not only unknown in the old school, but directly at variance with orthodox views in medicine, though in every day use among homœopaths and to be found in every work on homœopathy?

Mr. Millican again states his position, viz., "that if there be one drug which can and does check a morbid symptom which the drug is itself capable of producing, then there is no impossibility in the "law of similars." Again he writes, "Inasmuch as diversity of experience on other subjects—*e.g.*, Listerism—does not prevent the holders of opposing views from meeting one another in consultation, there can be no reason beyond caprice or prejudice—*i.e.*, no valid reason—why it should do so in this instance." "To accuse a man of professing principles he does not honestly believe, simply because his experience differs from your own," Mr. Millican describes as "a mode of controversy, which, when translated into its synonymous expression, 'you're a liar,' is usually ruled out of order, except, perhaps, in Parliament."

Next comes *Paterfamilias*, who, as the father of a family owing a great deal to what is called homœopathy, "asks leave to say a few words in its favour." This he does very effectively.

On the 10th ult., "R. B. C.," "J. C. B.," Dr. Thudichum, and others return to the charge.

The first of these correspondents sneers at Lord Grimthorpe because "he absolutely compares vaccination to homœopathic medication," and adds: "Now the former neither produces small pox nor cures it." No one ever said that it did "*produce*" small pox, but that it produces something very like it is beyond dispute—vaccinia is, in fact, similar to variola. That it will cure it has been, as Dr. Dyce Brown showed in his reply two days later, proved too often to be denied by anyone except "R. B. C." He also "presumes" that the quantity of toxic matter inserted by the Tetze fly "bears no relation to the small dose of homœopathy." "R. B. C." is admirable at presuming; the pity is, however, that his presumptions are generally "erroneous opinions," due to his being "profoundly ignorant of the subject."

The term homœopathic medicine he argues "has no particular meaning." "No medicine," he says, "is homœopathic by reason of any inherent quality that it possesses." On the contrary it is the "inherent quality" of producing symptoms similar to those present in the disease it is given to cure that renders a medicine homœopathic. The size of the dose, whether large, small or infinitesimal, in which it is given, does not render a medicine homœopathic. "R. B. C." says that he shall deny that doctors—a term he uses to describe medical men who profess to repudiate homœopathy and all its works—prescribe on homœopathic principles, until Lord Grimthorpe "has produced the prescription in evidence." Manuscript prescriptions are not needed for this purpose. In Dr. Lauder Brunton's *Index of Diseases and Remedies* will be found rather more than a thousand homœopathic prescriptions.

"R. B. C." then raises a cloud of dust in the form of irrelevant calculations to show that the attenuations commonly used by many homœopathic physicians cannot be made, and he argues that they therefore are not made. In 1858 Mr. Willans of Liverpool, in conjunction with Dr. Edwards, the professor of chemistry at the medical school there, performed a series of experiments for the purpose of enquiring how far chemistry, aided by the microscope, could detect the presence of infinitesimal quantities of matter. They succeeded in demonstrating *arsenic*, *sulphate of iron*, the *iodide of potassium*, and *acetate of lead* in the fifth dilution (*Month. Hom. Review*, vol. ii., p. 497).

"R. B. C." next tells us that some dishonest men have confessed to putting up unmedicated globules and labelling them as medicated with some medicine or other. These stories have frequently been repeated during the last forty

years, but the name of one such person has never been divulged. That no such rascal has existed we do not assert, but that one or two have been heard of or reported to have been heard of in the course of fifty years, in no way justifies "R. B. C." in slandering a body of as respectable and careful pharmacists as any in the country.

"R. B. C." denies that Hahnemann had anything more than a suppositious knowledge of the existence of the itch insect. Towards the latter end of the last century Hahnemann published a pamphlet, on the title page of which was a drawing of the insect.

Hahnemann, who was well known to Hufeland, was described by that physician as one who "has given sufficient proof in many of his earlier writings of a grand philosophical acumen and of a rare power of observation." Writing of homœopathy in 1826, Hufeland said: "The subject becomes a little more important if the originator is a man who commands our respect; and no one will deny that this is the case with Hahnemann, and least of all, one who is in the position of the writer of this essay, whose acquaintance with Hahnemann is of long standing, and who, connected with him for more than thirty years by ties both of friendship and of letters, valued him always as one of our most distinguished, intelligent, and original physicians." "R. B. C.," who never knew him, who has probably never read a line he ever wrote, and who has not—intentionally at any rate—ever prescribed a single medicine upon his method, describes him in *The Times* of 10th ult. as "A PORTENTOUS IMPOSTOR!" This is one of the results of that profound ignorance which, as "R. B. C." truly says, leads to "erroneous opinions."

"J. C. B." further states that the grave imputations which have been made on the honesty of homœopathy as a system, and on the good faith of some [Dr. Thudichum makes *no* exceptions] of those who practise it, have not been lightly made, and can be substantiated." We defy him to substantiate any! He knows that he cannot, and he also knows that he dare not make the attempt!

Messrs. Moore, Bell & Co., Messrs. Corbyn & Co., and Mr. Squire say that they know of no instance in which doctors have ordered homœopathic drugs. How should they? Unless they knew the disorders to cure which the medicines dispensed by them were ordered they could not tell whether the remedies in the prescription were homœopathic or not. The same firms, however, assert that they have known many homœopaths who have prescribed powerful drugs in the ordinary doses. Possibly; we did so a few days ago. Called during the night to see a woman who was unconscious,

belching wind violently, and whose abdomen was distended with flatus, we asked what she had had for supper, and on being informed that she had eaten largely of cold pork, we wrote a prescription for half-an-ounce of *ipêcacuanha wine*, and dislodged the remnant of the supper. This was an ordinary dose of a powerful drug ; but the proceeding was precisely the same as using a pair of forceps to extract a thorn from a finger. The woman had no disease. She was suffering from the effects of a foreign body in her stomach.

"J. C. B." appears to think it conclusive evidence that homœopathy is false because there are so few homœopathic practitioners in Scotland and Ireland. Doctors, like other people, prefer to live where their bread is best buttered. Scotch fees, as compared with those procurable in England, lead most men to escape into England ; and, as to Ireland, it is, just now at any rate, if not generally, "the finest country in the world to live out of!" No one lives in Ireland who can do so elsewhere!

"The allopathic treatment of the disease," [pneumonia] writes "J. C. B.," "in Edinburgh gave far more favourable results than the vaunted homœopathic treatment of it in Vienna." He does not state, however, that in Edinburgh the cases were selected—uncomplicated cases—while in Vienna complicated and uncomplicated were bracketted.

"J. C. B." further says that homœopathic hospitals invariably give lower death rates than ordinary hospitals, for they are certain to be resorted to by a less serious class of cases." In 1880 Dr. Edmunds ventured on a statement of this kind in an attempt to explain away the fact that the results obtained at the London Homœopathic Hospital were better than those secured at the Temperance Hospital. Dr. Dyce Brown replied by comparing the number of "cases worthy of being called serious," admitted into both hospitals, and an examination of the records showed that out of 135 cases admitted into the Temperance Hospital, 73 were "worthy of being called serious," while in the London Homœopathic Hospital out of 494 received, 252 could be fairly so described, and this exclusive of 13 operations, of which 5 were serious. Again, during 1880, at the Arapahoe County Hospital, Colorado, where an allopath was the medical officer, the mortality was 14 per cent. ; in 1881, when a homœopath occupied that position it was only eight per cent. This, be it remembered, is practically a workhouse infirmary, and hence the large mortality as compared with that of general hospitals. "J. C. B." further says that "the old days when a drug might be added to the pharmacopœia, because so and so had found it useful in such and such cases, are past for ever."



Why, it is only a year or two since that Sir James Sawyer, in an address before the Midland Counties Branch of the British Medical Association, declared this to be the only therapeutic principle worth a rap!

"When the final judgment of medical science is passed on homœopathy," says "J. C. B.," "it will in all likelihood be that it has been an unmixed evil from first to last." Prophecy is a dangerous game to play at. Oliver Wendell Holmes pursued it forty years ago in Boston and predicted that long within that period homœopathy would be unknown in the city! What does he see now? Two hundred practitioners of homœopathy and the medical faculty of the Boston University composed of homœopaths! When the final judgment on the question comes to be passed, we feel sure it will be that homœopathy is true, and that the "R. B. C.s" and the "J. C. B.s" have been simple obstructionists in the path of therapeutic progress.

In conclusion, "J. C. B." refers to Dr. Lauder Brunton, whose name, he tells us, "has been imported into this discussion in a slightly disingenuous manner." He also says that Dr. Brunton, referring to this system as "quackery, speaks of the falsity of its claims and of the utterly erroneous nature of Hahnemann's conclusions." This he does. And at the same time he endorses upwards of a thousand of the conclusions which have been derived from this system which he professes to regard as quackery. "J. C. B." also says that "Dr. Lauder Brunton's attitude towards homœopathy is that of his profession." So again, we admit that it is that of the majority of it. But what is this attitude? It is an attitude which declares homœopathy to be a "nullity and a fraud," and then forthwith practises homœopathically as far as those who assume it can clandestinely find out how to do so!

He also says that we "roundly abused" him in this journal last July. We did nothing of the kind. We criticised and exposed him, and did so so effectively that reply was rendered impossible!

Dr. Thudichum, another of whose letters comes next, says: "Homœopaths were not expelled by the medical profession, but, as a contemporary truly says, they broke away from the profession and became schismatic by their own act and choice." This we deny *in toto*. The first occasion on which homœopathy was discussed in this country was in 1836, at the London Medical Society, when a paper upon the subject was read by the late Mr. Kingdon. Several members thought the subject one that ought to be carefully investigated by the Society. Dr. Uwins, with his larger experience of its value, was more pronounced, and expressed his belief that one



day homœopathy would be an universal creed. All this notwithstanding, a resolution was proposed by Dr. Clutterbuck, and seconded by Dr. James Johnson, to the effect that homœopathy was unworthy of consideration, and was only withdrawn on an understanding being come to that the subject should never again be mooted in the society. About the same time, on a paper on the same topic being read at the Westminster Medical Society, Dr. Addison denounced all homœopaths as being either lunatics or actuated only by sordid motives. Sir John Forbes was in 1846 ousted from the chair of the *British and Foreign Medical Review*, because he had written an article therein, not in favour of homœopathy—far from that—but one that was temperate, and, as a piece of criticism, not unfair. The late Dr. Epps, in 1834, sent the reports of some cases to *The Lancet* in which *arnica* had been successfully used. They were inserted. On another series being sent, they were returned with a note saying that, in the face of the avalanche of letters they had received protesting against the first cases, they could not publish the second batch. This unwarrantable attempt to silence those who believed in homœopathy compelled them to proclaim their views outside of the medical societies, and hence the apparent “schism.”

Dr. J. H. Clarke has here an excellent letter explanatory of homœopathy, which the limits of space do not admit of our noticing further. Mr. Ross (Leath and Ross) next exposes “R. B. C.’s” rubbish about the amount of *sugar of milk* needed to make the 30th dilution, and protests against what “R. B. C.” is pleased to call the “current report of the drug trade,” that “the pilules sold do not contain a particle of the various medicaments after which they are respectively named.” He bears “testimony to the care, both in the selection of drugs and the strict regard paid in carrying out the pharmaceutical processes necessary to the preparation of homœopathic medicines exercised by all his brethren in the trade,” and expresses his certainty “that there is not one among them who would be guilty of such imposition, either upon their patrons in general or the medical men practising as homœopathic physicians.”

On the 12th ult. Lord Grimthorpe comes to the front once more with a series of blows which “R. B. C.” and “J. C. B.” on the 14th, in their efforts to repel, fail even to parry! The letter is too long for us to reproduce, and as we have reason to believe that the entire correspondence will receive additional publicity, the necessity for doing so is diminished. The following is his lordship’s opening sentence:—

“One need not know more of medicine than they do of

reasoning to be quite sure that a set of controversialists who persist in shirking the real issues and charges against them, and spend a heap of superfluous energy in playing with the fringes, know that they have no real defence. They keep saying in every place and every letter, that they will not discuss any evidence of homœopathy, or any statistics, except an old assertion or two of their own, unsupported by a scrap of evidence; that *The Times* is not the place for it, nor its readers competent judges, nor the governors of any hospital, nor nobody, in short, except themselves. If I had never read, seen, heard, or tried a single homœopathic experiment, I should know that such arguers as those are wrong, and conscious of their case being rotten."

Referring to the illustrations he had given of the opinions of leading physicians regarding the uselessness of drug medication, Lord Grimthorpe says:—

"But there is a far more striking omission in the letters of all these three doctors. Just imagine three champions of any other profession filling three columns of *The Times* again with all sorts of arguments, whether good or bad, and all, by a unanimous instinct of self-preservation, saying not a word in answer to that tremendous, and, I really thought, hardly credible, exposure of the sayings of not one or two disappointed or ill-tempered men of their own, but of more than 80, of all kinds and degrees, including some of the past and present leaders of their profession. Their vilification of homœopaths and homœopathy in any specific way, beyond calling them liars, is feeble compared with their particular and precise descriptions of the state of their own arts and methods of curing or deceiving patients."

His lordship concludes as follows:—

"There is nothing worth notice in Dr. Thudichum's letter or their other stories or contradictions. Nor do I see any use in exposing people any further who expose themselves as these writers have done equally by their silence and their speech. They have lighted a jubilee candle which will not soon go out. The time will come when another Hume will write of them as he did of their fathers' persecution of Harvey. He says that not a single contemporaneous physician above 40 years of age ever accepted the circulation of the blood."

A letter from Mr. Millican adduces several instances of the physical demonstration of the presence of infinitesimal particles proving, as he says, that "even if infinitesimals be included, the leading and essential principles of homœopathy are not axiomatically absurd." And, he adds, that though he has not seen the influence of infinitesimals proved in a sufficient number of cases to convince him of their general application,

he "cannot, therefore, impugn either the honesty or the intelligence of those who say they have."

Dr. Dudgeon, in a very effective as well as entertaining letter, disposes of "R. B. C.'s" foggy and irrelevant arithmetical calculations, shows up the imperfections of his historical knowledge regarding the discovery of the itch insect, and demolishes one point, of which "R. B. C." made a great deal, viz., that no homœopathic practitioner has made any mark in the development of the sciences, which constitute the foundation of the art of medicine. Dr. Dudgeon, in a former letter, had referred to the expulsion of Professor Rapp from the University of Tübingen as an illustration of the boycotting to which homœopaths are exposed. Dr. Thudichum replied that Rapp was removed because the number of students at the University fell off in consequence of his homœopathic teaching. Dr. Dudgeon states the facts of the case as follows:—

"Rapp was professor of clinical medicine and special pathology at Tübingen from 1850 to 1854. I am quite aware that it was alleged that his presence in the University was the cause of a great falling off in the number of students. But this, like many other of our opponents' statements, was incorrect. It was shown from the inscription list of the University, that while in his six summer and winter courses he had 289 students for his class of clinical medicine, and 149 for his class of special pathology, his predecessor, Wunderlich, during a similar period, had only 191 and 99 students in these classes, and his successor, Griesinger, during a similar period 254 and 124 students respectively. It was the *odium medicum* of his fellows in the faculty which brought about his removal, not his want of success as a teacher. The Government knew this very well, and gave him a post unconnected with the University of equal pecuniary value."

This is but a specimen of the way in which men of the Thudichum type can distort facts to serve their own ends.

Dr. Dyce Brown takes up "R. B. C.'s" views on vaccination and small-pox, and shows clearly enough that the similarity of vaccinia to small-pox has been abundantly proven, and that the dose of lymph is sufficiently small for the purposes of homœopathic medication, while the theory of the operation of vaccine lymph adduced by "R. B. C." to take it out of the category of medicinal operations is "a pure piece of hypothesis and assumption." Referring to what "R. B. C." in a burst of characteristic insolence terms the "intellectual barrenness of homœopaths," Dr. Brown says:—

"They are quite content to act on the division of labour principle, allow their brethren of the old school to labour in

the only departments of medical science which, with the therapeutical scepticism of the present day, are likely to yield any fruit, while they themselves labour at the ultimate end of medicine, the perfection of therapeutics. The mass of their labours is open to all who will look at it, although 'R. B. C.' in his lofty self-esteem, utterly ignores the existence of such labour. The mine of therapeutic resource, which has been worked steadily and quietly by homœopaths, is being even now largely tapped by our opponents, and the day will come when, in spite of 'R. B. C.' *et hoc genus omne*, the value of the labours conducted by homœopaths will be recognised. Men will then find, to their surprise, how completely this most important of all fields in medicine has been cultivated by homœopaths, and is within reach of all who will open their eyes. 'Not one fact,' says 'R. B. C.,' 'still less one principle, have they contributed to the sum of our scientific progress.' With the greatest principle in therapeutics ever promulgated, and the labours in drug investigation open to him if he will but look, 'R. B. C.' calmly shuts his eyes, and then avers that things do not exist."

Dr. Brown concludes with the following address to "R. B. C." :—

"Finally, I would ask 'R. B. C.' if in the face of his imputations of dishonesty, his remarkable ignorance of his subject, and his paltry theoretical difficulties, he will be good enough to ask himself the following questions :—1. Is it in the least probable that about 800 medical practitioners in Great Britain, and 10,000 (the correct figure) in the United States, who have the same education, and the same diplomas as their old school brethren, should be so hopelessly wrong-headed on this one particular point, however sane on others, as not to be able to form a judgment as to the comparative success of two modes of treatment? 2. How is it that, at least in this country, all but the homœopaths of the last five or six years were previously allopaths, and consequently had tested both systems, and gave up professional fellowship and honours for their opinions? 3. How is it that this is the one 'heresy' in medicine which has not died a natural death in a few years, but which is yearly increasing, is represented by practitioners all over the world, and in numbers such as no mere mistaken heresy ever could boast of, and is, despite 'R. B. C.'s' denials, fast leavening the ranks of their opponents? 4. How is it that, scepticism in regard to the action of medicine in the old school is notorious, while homœopaths are staunch believers in their own treatment? 5. How is it that fully half, if not more, of the symptoms produced by drugs on the healthy body are of no therapeutic use whatever, except on the homœopathic principle? It is this disheartening discovery that prevents the prosecution of

investigations as to the pure effects of drugs on the healthy body—both schools agreeing that this is the only reliable mode of investigation—while on the homœopathic law every drug-symptom elicited becomes a key to its therapeutic use.”

A letter signed “A Sceptic” comes next, and is a most amusing satire upon much of what is put forward as medical “science.”

Dr. Gutteridge then shows, by some extracts from Dr. Lauder Brunton’s *Index of Diseases and Remedies*, how many medicines ordinarily used by homœopaths are recommended by him in the diseases for which homœopaths prescribe them.

On the 14th of January, “J. C. B.” commences a long letter by stating that one of Lord Grimthorpe’s allies has said that “vaccinia and small-pox are one and the same disease.” Dr. Brown, to whom he obviously refers, did not say that they were *identical*, but that they were strikingly *similar*. Through a couple of columns “J. C. B.” raves away at his lordship in a style which will doubtless prove eminently satisfactory to those who, like himself and “R. B. C.,” being “profoundly ignorant” of the subject on which they write, necessarily hold “erroneous opinions” regarding it. Among other things, he says that the number of homœopathic practitioners in England is “dwindling.” We have opportunities of estimating the number of homœopathic practitioners which are not within the reach of “J. C. B.,” who in this line of inquiry is restricted to those always more or less imperfect compilations, homœopathic directories; and we can assert, without fear of contradiction, that the number of avowed homœopathic practitioners has increased more rapidly during the last two or three years than for several years previously. Again, he says that the returns of the late Dr. Fleischmann, of Vienna, have been “reduced to mincemeat more than once.” This is simply absurd. They have indeed been impugned more than once, but the imputations made against them have as often been thoroughly repelled. “J. C. B.,” however, is able to put forth statements of this kind with perfect safety, simply because the only medical journals the majority of the profession ever look into refuse to publish any reply from a homœopathic source to any assertions they may find it convenient to make in support of their contention that homœopathy is a “nullity and a fraud.” The statements put forward by Professor Gairdner, to whom he refers as one “than whom there is no more candid and open-minded man”—an estimate of mankind which we should be sorry to entertain, for, bad as the world is, we do believe it is better than that—these statements of Professor Gairdner were exposed in all their naked moral ugliness of falsehood years ago in *The*

*British Journal of Homœopathy.* He further states, on the authority of Dr. Lauder Brunton, who, he says, "ought to know," and we may add that we doubt not does know, that only "one homœopathic remedy" had crept into his book, to wit, *Apis*. This, however, he has, in the third edition, omitted, seemingly under homœopathic pressure. Several other specially homœopathic remedies given in the first and second editions, to say nothing of the numerous homœopathic applications of medicines common to both schools, remain. Of these we repeat that there are altogether more than a thousand. It is not a question of whether "*aconite* was known to Dioscorides," but of the condition in which Dr. Brunton advises it as a remedy. "J. C. B." cannot recall "one drug of the slightest utility and in actual use which a homœopath has introduced to us." Perhaps not; "J. C. B." has, in the course of this correspondence, given us many instances of his "profound ignorance," and this is simply one more. Dr. Ringer could, if he chose, enlighten him considerably on this point. He also says, "when Henderson became a homœopathist he ceased to contribute usefully to medical knowledge," that is from "J. C. B.'s" point of view. In papers to *The British Journal of Homœopathy* he did contribute much that was of the greatest practical value to medicine. From the pages of every other medical journal in the country he was boycotted!

Dr. Duprè, in the letter which comes next, says that "if Dr. Millican had merely asked a friend to spill a drop of the attar of roses at Constantinople, this would, on homœopathic principles, have been more than sufficient to scent his house here in London for years after." This is another specimen of the limitless number of erroneous opinions which may be held by persons profoundly ignorant of the subject on which they essay to argue. So far as homœopathy is concerned, Dr. Duprè is in the same position as the "earth-flatteners," with whom he declines to argue. And hence we see no necessity for occupying space with refuting his absurdities.

Letters from Dr. J. H. Clarke and Mr. Heath, traversing the points we have already dilated on, and from Dr. G. Johnson repudiating the sense which Lord Grimthorpe attached to a statement of his regarding the *vis medicatrix naturæ*, bring this correspondence to a close for the day.

On Tuesday, the 17th ult., Lord Grimthorpe, in a powerful letter, attacks the assertions and imputations of "J. C. B.," and illustrates the baseness which hatred of homœopathy leads to by two or three instances that had happened among his personal friends. One was where a friend of his



whose death appeared so imminent that the doctor told the patient's sister that she "might give him anything." Calling the next day to learn at what hour he had died, on being informed that he was not only not dead, but much better, he went in and asked what had been given. The answer being "a homœopathist," he forthwith flew into such a passion that he had to be turned out by the servants. He also quotes a passage from the late Sir James Eyres' *ad captandum* book, *The Stomach and Its Difficulties*, in which the medical knight boasted of having refused to recommend the life of a nobleman for insurance because his medical attendant was a homœopathist. We know of another, where a general practitioner—the local representative of the company—refused the life of a homœopathic chemist solely on account of his business; a life, too, which a physician who has since been the president of the college, and a surgeon who also afterwards became president of his college, pronounced to be an exceptionally good one! His Lordship presently says: "I now sum up their case by saying that they have given no rational answer to a single one of the charges that have kept pouring in against them since they pulled the string of the shower bath some weeks ago—of these domestic confessions of their impotence and ignorance; of persecuting everybody that they can or dare who takes them at their word and practises or encourages something else; of tyranny over hospital committees; of deceiving and boasting that they had deceived insurance companies, who paid them to tell the truth; of preferring that their patients should die in the odour of allopathic sanctity rather than be cured by heretical small doses; of suppressing in one case here, and embezzling in another at Vienna, returns which were against them; of charging with ignorance and 'intellectual barrenness' those who necessarily know both systems, while the A's know only one. I hope they like this summary, and are duly grateful to 'J. C. B.' for inviting it."

Mr. Millican, at the close of a reply to "J. C. B." and "R. B. C." uttered a sentiment which, were it but generally acted upon, would do as much as anything to check the ignorance which prevails regarding homœopathy, and stay the bitterness with which its advocates are denounced. He says, "A little cosmopolitanism in acquaintance—which the older ethics of the profession have not encouraged—makes earnest men less dogmatic in their own opinions, and more inclined to do justice to those of others."

"Sceptic" now resumes his fray with the representatives of the initials, and shows the confusion of thought and statement which pervades their letters. Commenting on "J. C. B.'s" slipshod notions on magnitudes, he writes:—



“He never saw a decillionth, and cannot conceive it; therefore he is cocksure there can be no such thing. Before the microscope was invented he could not have seen or conceived of a blood-corpuscle or a spermatozoon; but if there is one thing that the microscope teaches more clearly than another, it is that its limits correspond to no real boundary in nature, but only measure the imperfection of the human observer.” “J. C. B.” he also says, “does not want to discuss with me the action of drugs. Convenient blindness! What I discussed was not the action of drugs, but the ignorance of their action, and the contradictory jumble of ideas that we are asked to accept as ‘medical science.’”

Dr. Lauder Brunton here joins in, marvelling that his opinions about homœopathy have been misunderstood! They are, he says, “that what is new in homœopathy is not true, and what is true is not new.” On this Dr. Dudgeon, on the 19th, writes, “If, as he says, what is new in homœopathy is not true, then the new remedies, and new uses of old remedies he has taken from homœopathy, at first or second hand, it matters not which, stamp his *Index of Diseases and Remedies*, of which they form such a large part, with the character of untruthfulness.” Dr. Brunton then refers to our critique on the preface to the last edition of his *Materia Medica*. Here we regret to find that he convicts us of having overlooked a line in Ameke’s *History of Homœopathy*, in which it is stated that Hahnemann had intermittent fever in Erlangen, where he was in 1779. Dr. Brunton mentions this to support the hypothesis that the symptoms of intermittent, which followed Hahnemann’s two drachm doses of the bark, were due to gastric irritation rousing up the dormant malarial disposition engendered twelve years previously! The frequency with which the symptoms, called in Germany *China-siecthum*, have been observed since, entirely demolishes this product of Dr. Brunton’s imagination.

Dr. J. C. Bucknill comes forward to repudiate Dr. Dudgeon’s diagnosis of his being the veritable “J. C. B.” He takes the opportunity of saying that he does not regard all homœopaths as dishonest, but thinks that “no competent physician can honestly practise homœopathy;” which, as Dr. Dudgeon says in his reply, is only another way of declaring that we are all either “knaves or fools,” the usual allopathic argument.”

*The Times*, of the 19th, contains a long and most telling as well as entertaining letter from Dr. Dudgeon, from which we have already quoted, and regret that our space prevents our reproducing more of it, for it is one of the best of the series.

The only other letter in this issue is one from a person signing himself “Edward Gibbon Swann, author of ‘Laurie’s

Homœopathic Domestic Medicine, great edition, 1850," in which wholesale charges of fraud are levelled against homœopathic chemists. He says, writing of the preparation of medicines, "I feel certain none at all have ever been prepared for trade purposes in this country in accordance with the homœopathic pharmacopœia." He makes this assertion as one purporting to have been "derived from a very close and very melancholy insight." Mr. Ross addressed a letter to the editor of *The Times* exposing the false pretensions of this person, but it was not inserted—an omission which, considering the nature of the attack to which it was a reply, most people will, we imagine, regard as unfair. This Edward Gibbon Swann has no more claim to be the author of Laurie's *Homœopathic Domestic Medicine* than has the compositor who set its type. At the time this book was in course of preparation, E. G. S. was endeavouring to gain a living by translating and copying—acting, in short, as an amanuensis for authors and publishers. In this capacity he was employed by Mr. Leath on behalf of Dr. Laurie, during the absence of the latter in America. On Dr. Laurie's return home the results of the work of E. G. S. were laid before him, when he found himself obliged to reject page after page of this man's MSS. Nevertheless, nearly 40 years afterwards, when both the real author and the original publisher are dead, this individual comes forward and endeavours to pass himself off as the author of it! His claim is palpably false, and his declarations regarding the honesty of homœopathic chemists are, we doubt not, equally untrue; at any rate, a man who lies in order to attract public confidence in him is an authority on the character of his neighbours, or on that of those who may have employed him when he was in great poverty, not having as much weight as "the chatter of a discarded servant, or the loose statements of an anonymous, but necessarily interested druggist."—(*The Times*, Jan. 20.)

"J. C. B.," on the 20th, contributes two columns of utterly erroneous opinions as a final exhibition of his profound ignorance of homœopathy.

Dr. GEORGE JOHNSON, on the same day, reiterates his protest against the interpretation put upon an extract from a lecture of his in one of the League Tracts. He gives the context to show that the opinion the extract attributes to him is not borne out, and that his words have been "garbled." The evidence he adduces simply proves nothing of the kind. He then refers to some cases of poisoning occasioned by persons over-dosing themselves with *Rubini's camphor*, a powerful preparation which enterprising druggists label "homœopathic." Dr. Johnson, however, is not a druggist, but a

physician, and as such ought to have known that no medicine can be called "homœopathic," unless it is homœopathic to the disorder it is given to cure. In the sense used by Dr. Johnson, the word is a trade-mark, and as such is given to cocoa, soap, tooth-powder, and fifty other things supposed to sell better with than without it.

Our old friend, Dr. Wilson, of Hull, now puts in an appearance, and testifies to the value of homœopathy, which his 40 years' employment of homœopathic remedies has shown to him that it possesses. "R. B. C." and "J. C. B." have never had a day's experience of homœopathy, but they doubtless think that their opinion of its value is much more worthy of attention than Dr. Wilson's, based on 40 years of experience.

Mr. W. M. Wilkinson gives his "experience of 42 years under the impostors," and as might be expected it is entirely favourable.

Major Vaughan-Morgan appeals for subscriptions to the Millican fund, and asks "J. C. B." and "R. B. C." to visit the London Homœopathic Hospital and study the treatment pursued there! They feel, however, their ignorance to be too full of bliss to desire to be informed!

A correspondent "S" concludes the correspondence for this day with a smart telling letter, in which he shows that "J. C. B." and "R. B. C." have evolved their notions for the most part out of their "inner consciousness." The same day the *The Times* published another and most excellent leading article on the whole discussion. So great has been the interest excited by the correspondence that the editor has been able to publish only a fraction of the letters sent to him. "The original contention," says the writer, "was that an *odium medicum* exists, exactly analogous to the *odium theologicum* of a less enlightened age, and no whit less capable of blinding men otherwise honest and kind-hearted to the most elementary conceptions of candour and justice. That contention," he adds, "has been proved not so much by what Lord Grimthorpe has directly advanced as by the revelations of temper and mental attitude made by those who took up the cudgels on behalf of the orthodox profession." As to the end proposed by "our orthodox correspondents," he says, "If they wished merely to relieve their feelings and comfort those who already agree with them, they probably have every reason to look complacently upon their own performances. But if they desired to convince homœopaths of the greatness of their delusion, or sought to enlist the sympathy and command the confidence of the lay public, we are quite sure that they made an egregious mistake."

The whole article is admirable. The entire correspondence has been one which has, as Lord Grimthorpe truly says, been the means of lighting "a jubilee candle which will not soon go out."

## REVIEWS.

*Diseases of the Spleen and their Remedies, Clinically Illustrated.*

By J. COMPTON BURNETT, M.D. London: Epps & Co. 1887. THERE is so much that is doubtful about the function the spleen exists to fulfil, and disease of its structure has been so seldom noticed save as secondary to malaria, cirrhosis of the liver, and to cardiac disease, that such clinical illustrations of its independent origin as Dr. Burnett gives in the little volume before us are particularly useful and timely withal.

Having had his attention drawn to the value of *ceanothus* in enlargement of the spleen some years ago, and having at the same time met with one or two cases where this condition proved to be the cause of the illness respecting which he was consulted, and where at the same time the *ceanothus* proved remedial, Dr. Burnett had the advantage of being made alive to the possibility of hypertrophy of this organ existing where it had been overlooked by other physicians. Several such cases are recorded by him—cases where the cardiac and pulmonary symptoms evoked by the mechanical pressure of the enlarged spleen had occasioned an erroneous diagnosis, and, as a matter of course, an erroneous and unsuccessful line of treatment, all of which yielded more or less completely before measures taken to remedy the organ really at fault.

These cases are well described, and the treatment pursued clearly set forth.

Besides *ceanothus*, Dr. Burnett directs our attention to several other medicines of value in diseases of the spleen. Written in that terse, striking, and attractive style which is characteristic of all its author's literary work, the book before us is one which will not only be read with advantage but with pleasure.

*Some Thoughts on a New Remedial Source.* By CHARLES FRANCIS RING, M.D.

THIS pamphlet originally appeared as a contribution to the pages of *The Homœopathic Recorder*, a journal published in Philadelphia.

Dr. Ring proceeds on the assumption that the complete cure of chronic disease is impossible by any known therapeutic method, homœopathy included. The illustration of this impossibility given by him is cancer.

He tells us—on what authority or evidence we cannot say—that “it is now well known to homœopathic physicians that the physiological constituents of the tissues have an elective affinity, as remedies, for the parts where they are normally found.” One of the physiological constituents of the tissues, which he proposes as a therapeutic agent, is *cholesterine*. “This,” he informs us, “is very widely spread in the body; it occurs largely in the cerebo-spinal axis, and in nerves, and is also present in the blood . . . in the spleen . . . atheromatous deposits and strumous cysts, and in many lipomas, goitres and tubercular deposits.” Now, assuming that it has an “elective affinity” for each of these organs and morbid conditions, which organ will the small dose given elect to join? Where is the probability of any advantage accruing from adding more *cholesterine* to morbid products already possessing too much?

Dr. Ring's New Remedial Source is a purely hypothetical one. He has not a single atom of clinical evidence to illustrate, much less substantiate, its reality, while its *a priori* probability is slender indeed.

The number of quotations that the author makes to prove the inadequacy of homœopathy to fill the entire therapeutic field shows that he has read much. He might, indeed, have extended his quotations to the late Dr. Ameke's *Versuch zu einer Therapie auf Grundlage der Chemie des Menschen*, published in 1882 in the *Zeitschrift des Berliner Vereines homoöpathischer Aertze*, where the same line of argument is used to introduce to the notice of the profession precisely the same substances—and others of a similar kind—as those to which Dr. Ring draws attention. Had he done so he would have been less liable to the charge of having plagiarised than he is at present.

The views of Dr. Ameke are given in our present number by Dr. Burnett, and they are exactly the same as those of Dr. Ring.

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## NOTABILIA.

### MILLICAN v. SULLIVAN.

THE Committee—or as Mr. Justice Manisty described it, the “delegated committee,” of the Jubilee Hospital, appealed against his lordship's judgment restraining them from preventing Mr. Millican continuing to act as surgeon to that institution, to which we referred in our last number. The appeal was heard on Saturday the 14th ult., before the Master of the Rolls, Mr. Justice Fry, and Mr. Justice Lopes. Sir

Henry James, Q.C., and Mr. Pollock, appeared on behalf of the committee, and Mr. Millican defended himself in person. *The Chemist and Druggist* of the 21st ult. gives a verbatim report of the trial.

The contentions raised by Sir Henry James, were of a purely technical character, and in the end Mr. Justice Manisty's judgment was reversed, on the grounds that Mr. Millican had no property interest in the hospital, and that the relations between him and the committee were purely personal, a relationship which the Court had "never dreamed of enforcing." Hence it follows that the committee of this hospital have the power to dismiss any honorary officer they choose, on any whim that they feel pleased to indulge in, or for the matter of that without any pretext whatever, and he has no redress. In delivering judgment, the Master of the Rolls was careful to point out that "it was the duty of the Court to act according to law, that they had not to give any opinion as to the propriety, or the fairness, or the sense of what had been done." Doubtless this was no small relief to his lordship.

While we regret that Mr. Millican should have lost his case, and have been mulcted in considerable expense, to say nothing of the worry and anxiety attendant upon the conducting of a law-suit, he has been—or, at any rate, homœopathy has been—abundantly compensated for all the cost and worry, by the correspondence in *The Times*, extending over a month, and the two admirable leading articles in the same paper, together with the widely-spread attention which has been directed to the position of homœopathy as that of a science of therapeutics which the great bulk of the profession ignore.

This being so it is imperative upon all of us who believe in homœopathy, and who practise homœopathically, as well as on those who are advantaged by our doing so, to see Mr. Millican through this trial without it involving him in any expense whatever.

What the costs will amount to we are not able to say, but that they will be nearly £200 we feel sure. Major Vaughan-Morgan, as the following letter will show, has taken the matter in hand, and we hope that any who have not contributed to the Millican Fund will do so without further delay.

#### MILlicAN v. SULLIVAN AND OTHERS.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—In the letter which you were good enough to publish last month, I applied for subscriptions to meet the costs of the plaintiff in the case of Millican v. Sullivan.

That appeal was more generously than generally responded to, therefore I desire again to call on *all* the members of the

profession to honour themselves and the cause of medical liberty by placing me in a position to relieve Mr. Millican of all monetary liability in this matter.

You, gentlemen, will doubtless explain how the plaintiff, who won his case before Mr. Justice Manisty, lost it on appeal; and while, for his sake, we must all deplore the result, still, from our special stand-point, the trial is a subject of unmitigated satisfaction.

Not only has it served to show, by the correspondence in *The Times*, that the public are with us, but it cannot fail to be perceived that the allopaths, like the persecuting priestly castes of old, stick at nothing when their dogmas are defied, and are determined, not only to boycott all homœopaths, but all who may show the slightest symptoms of sympathy with the new therapeutics, or may ever contaminate themselves by acknowledging its existence.

Since my last the following subscriptions have been promised, and the sum subscribed now amounts to about £70; but I require at least double that amount, and cannot doubt—indeed should otherwise despair of human nature—that it will be speedily forthcoming.

Yours truly,

WM. VAUGHAN-MORGAN.

	£	s.	d.		£	s.	d.
Amount previously acknowledged...	42	0	0	Dr. J. H. Clarke ...	1	1	0
Lord Ebury ...	10	10	0	Dr. Pullar ...	1	1	0
Major Vaughan-Morgan (second donation) ...	5	0	0	Dr. J. Moore (Liverpool) ...	1	1	0
Dr. Drysdale (Liverpool) ...	5	0	0	Dr. Shackleton ...	1	1	0
J. Oxley Laurie, Esq.	5	0	0	Mrs. S., per Dr. Dudgeon	1	1	0
Miss Durning Smith	5	0	0	F. Bennoch, Esq....	1	1	0
The Misses Leaf ...	4	4	0	A. R. Bax, Esq. ...	1	1	0
James Epps, Esq. ...	2	2	0	Dr. Pope ...	1	1	0
Dr. Clifton (Northampton) ...	2	0	0	Lady Caird ...	1	0	0
				Mrs. Salisbury ...	0	10	6
				Mrs. Winter ...	0	10	6

### THE NINETEENTH CENTURY.

Our readers will hear with pleasure that this well-known monthly periodical has, in its number for February, a paper by Mr. Kenneth Millican—the plaintiff in the recent action *Millican v. Sullivan and others*—entitled “*The Present Position of the Medical Schism.*”

### THE MASON SCIENCE COLLEGE, BIRMINGHAM.

THE Council of this valuable and important Institution have appointed Mr. J. E. Huxley Blake, B.A., Cantab., B. Sc., Lond., son of Dr. J. Gibbs Blake, to be the honorary demonstrator in the departments of zoology and botany.



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### THE LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

THIS institution was opened without any ceremony on Monday, the 2nd ult. It owes its existence, we believe, to the philanthropy and zeal of the Misses Leaf, the daughters of the late William Leaf, Esq., of Old Change, whose efforts to advance the cause of homœopathy, when its supporters were few in number, and whose princely donations to homœopathic hospitals and dispensaries, are well remembered by many of us.

The new hospital will contain six beds and two cots. Admission will be by subscribers' tickets, excepting in cases of severe accident or sudden emergency.

The medical officers are Dr. Walther and Dr. A. H. Croucher.

We have also received the annual report of the Eastbourne Homœopathic Dispensary, which shows an attendance during the year of 2,420 patients.

We have likewise heard that the Convalescent Home connected with the London Homœopathic Hospital is to be established at Eastbourne.

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### THE BUREAU OF ORGANISATION AND STATISTICS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

In our September number of last year we reproduced from the *Hahnemanian Monthly* the statement presented by the Bureau to the Institute at its meeting at Saratoga in June. The figures relating to the hospital mortality were republished by us without examination. A correspondent of *The Medical Press and Circular*, of the 21st September, drew attention to the obvious inaccuracy of the estimated hospital death rate, describing it as a "weak attempt to bolster up a bad case with misleading figures." This was natural enough, for nothing is more conspicuous among the opponents of homœopathy than their entire want of generosity. It is impossible for mean-minded persons to suppose that an opponent can make a mistake, when the error in question tends to support his view of the controversy—anything of the kind is always "a fraud." The death-rate was put at 1.5, whereas it comes out, *as the figures given show*, as about 6.76. Knowing that the Chairman of the Bureau was a physician utterly incapable of anything like an attempt to mislead, we wrote to him to enquire with whom the error lay. Dr. Franklin Smith replied at once that he would obtain the original papers from the Secretary, and ascertain whether the error was his or the reporter's. Having done so he again wrote, expressing his regret and surprise to

find that the mistake—for which he could not account—was his. Had there been the intention to mislead, which the correspondent of *The Medical Press and Circular* suggests, Dr. Franklin would never have been so injudicious as to give the figures upon which the calculation was based.

We may add that of the 910 fatal cases, 279 were cases of phthisis, mostly in an advanced stage of the disease, sent into Ward's Island Hospital—an institution similar in all respects to our workhouse infirmaries. In such institutions in the United States the mortality is commonly about 12 per cent.

To our contemporary, in whose columns the original criticism of Dr. Smith's statistical results was made, the following letter, which appeared on the 30th November, was addressed.

“ HOMŒOPATHIC STATISTICS.

“ To the Editor of *The Medical Press and Circular*.

“ Sir,—Dr. Alfred C. Pope has called my attention to a publication in your columns of September 21st, under the heading of “ Homœopathic Statistics,” of a portion of the report of the “ Bureau of Organisation, Registration and Statistics,” made to the American Institute of Homœopathy at its late session, held in Saratoga. I find on looking over the report, which you have justly called in question, that a most egregious blunder has been made in regard to the percentage of deaths in the hospitals during the past year. How that blunder was made I am sure I cannot tell. I made the calculations myself, and I can assure you that I had no intention of making “ a weak attempt to bolster up a bad case with misleading figures.” If I had had any desire to mislead I certainly should not have gone to work to do so in such a stupid way, which I might have known would have been so easily detected.

“ In regard to the number of cases that are not mentioned under either of the three heads spoken of, 446 of them had been discharged ‘ not relieved,’ and the remainder were still under treatment when the report was made out.

“ Regretting that such a mistake was made, and trusting you will do me the kindness to publish my explanation,

“ I am, Sir, yours, &c.,]

“ T. FRANKLIN SMITH,  
“ Chairman, Bureau Org., Reg. & Stat.”

*PUNCH ON THE ODIUM MEDICUM.*

UNDER the title of "The Great Fight between the 'Game Globule' and the 'Pharmacopœian Pet,'" *Punch* (Jan. 28) has a cartoon representing a half-pint bottle of mixture having a lively contest with a tube of pilules, and adding the following lines:—

Muse, sing of the merriest mill, between two pugilistical rivals,  
That yet has been seen in the ring, in this season of fistic revivals!  
Don't warble of Smith and Kilrain, or of Sullivan, known as the "Slugger,"  
Their sets-to compared with *this* one are mere samples of tame hugger-mugger.

The tale is a tough one to tell, it needs some such a muse as Macaulay's.  
The gallant and genial Grimthorpe—himself a rare dab with his  
"mawleys,"

Got up this true sporting affair, he's the bravest and boldest of backers,  
The lads that he got in the ring were a couple of regular crackers.

The "Pharmacopœian Pet"—*seniores priores*—a veteran,  
Has got lots of fight in him yet, for a big 'un you'll scarce find a better 'un,  
True he of late runs to flesh, is a trifle too beefy and lumpy,  
And lovers of "science" may deem that his style's rather flashy and jumpy;

But he still has "a damaging right," so his backers at least are persuaded,  
And quick "knocking out," his pet tactics, by weight and his inches  
are aided.

In fact, he's a sort of a Sullivan, gassy and rather vain glorious,  
Full of disdain for his foeman, and cocksure of being victorious.

Grimthorpe's "Game Globule," *au contraire*, is rather a light-weight  
at present,

But quick on his pins as a cat, with a "left far too hot to be pleasant.  
As promptly the P. P. discovered; the P. P. of course forced the fighting;  
He hasn't got much of a guard, so he goes in for rushing and smiting.  
His "mug" wore a confident smile, which some might esteem a bit  
bounceable;

These big 'uns are apt to be cocky, but even a Titan is trounceable.

P. P. will nurse the delusion that Novices such as our G. G.

'Ain't never no good." "Let him come," cried P. P., "and I'll knock  
him to Fiji!

And then the "Game Globule" *did* come, and faced him of the  
Pharmacopœia

With steadiness, stoutness and skill, of which P. P. had scarce an idea.  
To Fiji he would *not* be sent, and that fact gave the P. P. the fidgets;  
And he "landed" the P. P. to rights, and he dodged his redoubtable digits,  
And GRIMTHORPE cried "Go for him, G. G.!" and G. G. most certainly  
went for him;

He *ought* to have been soon "knocked out," but escaped the big spansks  
P. P. meant for him.

And P. P.'s proud backers waxed wrath, and they howled to their  
"Pet" to demolish him;

"Wire into him, P. P.!" they yelled; "bring your right into play, and  
you'll polish him."

They were awful big Pots, were those backers, Corinthians high and  
exclusive,

Who thought they were cocks of the walk, and to prove it were hot  
and abusive.

Monopolists mighty, they fancied that Victory followed their banners

So much as a matter of course, that they didn't heed logic or manners. Shake hands with a "G. G."? Oh! no. *Infra dig.* It was most condescending

To fight him—a summary way his confounded pretensions of ending. And didn't he slog, their P. P.? "Mighty Cæsar, that *was* a pile-driver! Oh! if it had *only* got home! But G. G.'s such a dodger and diver. This Mill isn't what we expected; that GRIMTHORPE's a deadly deceiver. He dares to administer gruel, who ought to be gruel-receiver. Knocked out, the G. G.? Not at all. No; he round after round comes up smiling.

How many more rounds will the fight last? Its tiring and terribly riling. Best take the men out of the ring; the G. G., though a cad, is so clever That if our P. P. is not pumped, it seems likely to go on for ever!"

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### BROMINE IN POISONED WOUNDS.

In *The North American Journal of Homœopathy*, Dr. Terry, an accomplished surgeon residing at Utica, in New York State, writes, "I have had poisoned fingers so many times and have been relieved so speedily on these various occasions with the use of *bromine*, that I feel that I shall be a good Samaritan to the surgeons, as well as to the students in the dissecting room, if I reimpress this old remedy on your minds in a not unknown light, viz., its value as a remedy in poisoned wounds."

The preparation Dr. Terry uses is one containing a drachm of the *bromide of potash* and an ounce of pure *bromine* in eight ounces of water, a glass stoppered bottle being used.

In using the mixture he pours about a drachm into a glass—presumably a wine-glass—and fills one-third with water. The finger is inserted for some distance beyond the wound for some minutes and repeated every three or four hours. No dressing is needed. It arrests the inflammatory action, the abnormal heat disappears and with it the pain.

This mixture would prove a useful addition to surgical and obstetric bags.

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### "SANITAS."

We notice that in an action recently brought in the Chancery Division of the High Court of Justice by the Sanitas Company, (Limited) against the G. Condý Sanitants Company and the Condisanitas Company, to restrain them from using the titles they have given to their wares, the plaintiffs have been successful in obtaining an injunction in the terms asked for. Mr. Justice Kekewich at the conclusion of an elaborate judgment said:—

"To my mind, whether it is "Condisanitas," or "Sanitant," it being a compound intended for the same purpose, I

must come to the conclusion, and I think any ordinary juryman would come to the conclusion, that he has gone as near as he thought he safely could with the intention of cutting out the plaintiffs, and cutting them out dishonestly—that is, passing off his goods as theirs. That is my distinct conclusion on the evidence, and to say that he had put his name, and has not used a yellow label, only goes to show that his impudence was not so great as some fraudulent persons exhibit.”

## NOTICES TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

We are requested to state that Dr. COLLINS has returned to Leamington.

Communications, &c., have been received from Dr. COOPER, Dr. ROTH, Dr. CLARKE, Major VAUGHAN MORGAN (London); Dr. COLLINS (Leamington); Dr. NICHOLSON (Clifton); Dr. RIDPATH (Huddersfield); Dr. MOORE (Liverpool); Dr. A. M. CASH (Torquay).

## BOOKS RECEIVED.

*A Cyclopedia of Drug Pathogenesis.* Part vii. *Conium to Ferrum.* Edited by Richard Hughes, M.D., and J. P. Dake, M.D. London: Gould & Son.—*The Comparative Antiseptic Values of Chlorides, Nitrates and Sulphates.* By C. T. Kingsett, F.I.C., F.C.S. Manchester: Emmett & Co.—*Ultima Replica del Dott. Mattoli al Dott. Ladelei e al suo Annotatore Dott. Liberali. Lettera al Nobile Cavaliere S. Krekich I. R. Consigliere Austriaco.* Foligno. 1887.—*The Homœopathic World.* Jan. London.—*The Hospital Gazette.* Jan. London.—*Health.* Dec. 30. London.—*The Chemist and Druggist.* Jan. London.—*Burgoyne's Monthly Journal of Pharmacy.* Jan. London.—*The North American Journal of Homœopathy.* Dec., 1887. New York.—*The New York Medical Times.* Dec., 1887, and Jan.—*The Chironian.* Dec., 1887. New York.—*The Medical Record.* Dec., 1887, and Jan. New York.—*The New England Medical Gazette.* Dec., 1887, and Jan. Boston.—*The Hahnemannian Monthly.* Dec., 1887. Philadelphia.—*The Medical Era.* Jan. Chicago.—*The Clinique.* Dec. Chicago.—*The Minnesota Medical Monthly.* Jan. Minneapolis.—*The Californian Homœopath.* Jan. San Francisco.—*The Medical Counselor.* Dec. Ann Arbor.—*Revue Homœopathique.* Oct., 1887. Brussels.—*Allgemeine Hom. Zeitung.* Jan. Leipsic.—*Zeitschrift für Homöopathische Thierheilkunde.* Leipsic.—*Leipsziger Populäre Zeitschrift für Homöopathie.* Jan. Leipsic.—*El Criterio Medico.* Nov. Madrid.—*Rivista Omiopatica.* Dec. Rome.—*La Reforma Medica.* Dec. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### SOME DENTAL REFLEXES AND DIRECT DISTURBANCES.\*

By EDWARD T. BLAKE, M.D.

For the sake of brevity, I propose in my communication to the Society this evening, to use the term “cacodontic” for conditions induced by the presence of defective teeth; by “anodontic” I shall mean disorders set up by the absence of teeth or by their disuse. Diseases of the dental apparatus affect the health in a very great variety of ways. Some of these are ostensible and most evident, whilst others are so remote, so apparently dissociated from the teeth, that there can be little doubt they frequently escape our attention.

The local morbid changes, especially the intra-oral disorders, will be briefly noticed. They more naturally drift to the dentist; palpably they belong to his domain. But there remains a very large class of general disorders resulting from bad teeth which ought to be considered as dental, though they may be often attributed to some secondary cause. A great number of varying circumstances conspire to drive these cases from the dreaded dentist to the less appalling practitioner, the doctor. The conscientious physician cannot, however, retain them under his care.

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\* Read before the British Homœopathic Society, February 2nd, 1888  
Vol. 32, No. 3.

The very remarkable success that follows the use of homœopathically acting remedies in cacodontic troubles is, perhaps, in itself a hindrance. How natural that prompt alleviation, nay, even temporary complete removal of symptoms arising from defective mastication and insalivation, should stand in the way and tend to obscure the nature of the primary disturbing element. Thus it is quite easy to see that relief being procured the need of further steps is lost sight of—the possibility of a permanent cure is thrust into the shade.

A freer intercourse between two branches of a great profession—for dentistry is not another profession—the careful cultivation of a complete *entente cordiale* would serve to remove some of these sources of error, and would greatly make for that commonweal for which we all so willingly work.

The general changes induced by dental defects fall naturally under three chief headings :—

1st. Some immediately disturb the new blood supply ; these we will call Nutritional.

2nd. Some more remotely affect nutrition ; these we will style Neurotic.

3rd. Whilst a third class are made up of the results of distinct poisoning by the morbid materials resulting from the decomposition of dental and of periodontic structures ; these last we will recognise as Septic.

To the last category belong both cases of septicæmia, and those of passive pyæmia. These are all much more common and of much more serious import than was at one time thought possible.

We shall presently see how interesting a parallelism is presented between the phenomena of dental pus absorption and those of gonorrhœal auto-infection.

#### 1st.—NUTRITIONAL CHANGES.

The first blow dealt at nutrition is of course aimed against digestion.

#### *Dental Dyspepsia*

has four common causes.

1st. It occurs as a reflex neurosis.

2nd. As a result of defective subdivision and insalivation of food.



3rd. The gastric mucosa is directly irritated by septic or by purulent discharges from the gums or from the teeth.

4th. The inspired air being tainted, the digestion suffers through the general dyscrasia induced by the pulmonary poisoning.

### *Lymphatic System.*

Those lymphatic glands which are situated in the immediate neighbourhood of the mouth are occasionally found enlarged and indurated.

Often this is merely the result of local irritation. Septic matter from the teeth or from the gums is carried directly to the gland, and there it induces chronic changes which soon disappear on removing the local cause.

Histologically, these enlargements consist of lymphomatous hyperplasia; they show no new gland structure, though they are often confounded with true adenoma and are sometimes styled "scrofulous." That they may be the direct result of auto-infection is well shown by the following case.

### CASE I.

#### *Cervical Lymphoma, with Periodontitis, Caries and Profound Anæmia.*

Miss Edith L., aged 28, black hair and eyes, a white, small fragile girl, with wax-like skin, looking languid and feeble. For years she has had at the angle of the lower jaw two large and indurated cervical glands on the left side.

Our anatomy tells us, that these must belong to the deep cervical lymphatic system, because they disappeared on removing carious molars on the left side from the lower jaw. Medicines of all kinds had been tried with patient persistence before the case came to me on 13th July, 1887. I gave *merc. corr.* 30, led by the conjunctivitis, severely inflamed crimson rings round the teeth (periodontitis), the granular pharynx, constipation dating from jaundice three years before, the present suspension of the hæmopoietic functions of liver, frequent and copious micturition, swelling of feet, subaxillary gland right side, and a vesicular rash between the fingers. I had the glands compressed, then rubbed with oleate of mercury. Chalybeates were of course indicated, but all forms of

iron induced a fixed pain in posterior branches of the lateral cutaneous from upper intercostals (anterior divisions of upper dorsal).

The general health improved a little under the mercurial treatment, but the cervical glands remained unchanged.

There was a good deal of pain, seldom absent, in both great occipital nerves, especially on the left side. The great occipital is the internal branch of the posterior division of the second cervical. This pain was much relieved by *gelsemium* first decimal.

The glands grew no smaller, so I next (Sept. 26th) tried to remove them by electrolysis. Remembering that immediately behind these structures lay the external carotid and the internal jugular, the hypoglossal and the descendens noni, I drew them forwards and drove the electrolytic needle from below, up and out, away from the important subjacent structures. This also was a complete failure; but on having the carious teeth all removed, the glands disappeared without farther treatment. Some temporary teeth were supplied and the general health markedly improved.

#### *Diarrhœa : Constipation.*

Many puzzling cases of irregular bowels are due to defective teeth. Some patients suffer from constipation when the teeth are not present or, what comes to the same thing, when they are not employed. Others have diarrhœa from the same cause, and occasionally we see these conditions alternating in the same subject.

It is wise to forbid meat when the teeth are not in working order; and usually a rapid improvement is visible after its suspension. Severe colic is common, especially in servant maids [they usually eat too much, and always eat too fast!], as a result of neglected and carious teeth. A typical case of this kind is that of

#### CASE II.

##### *Colica anodontica with Amenia.*

A. H., a young domestic servant, aged 20, having seen no menses for three months, was seized during the night with severe and agonising pain in the transverse colon. The suffering was soon relieved by *cocculus* first centesimal, with heat locally applied. The cause of this sudden and

severe pain could not at first be made out, for there was no history of chill, no dietetic indiscretion, the tongue was clean, and no organic flaw could be detected anywhere. But on examining the teeth a ray of light was at once let in on the mystery. She was found to have no molar teeth at all, her incisors and praemolars were excavated, fragmentary and ruinous.

Next day she was put under *pulsatilla* 3x, and in twenty-four hours the catamenia were comfortably re-established.

After this the girl had an abscess in her hand, and she finally had to go into hospital with a purulent depôt over one ilium, both of these morbid conditions being possible products of dental innutrition.

#### 2nd.—NEUROTIC.

Commonest amongst these is pain in some distribution of the trifacial. The diagnosis of the precise nature of the pain referred to the sensory filaments of the fifth cranial nerve should never be attempted without a dental mirror and a set of fine steel probes, such as you see lying on the table. A laryngeal speculum serves quite well for a dental mirror. We are all familiar with the typical patients who come suffering "agonies from neuralgia." We all know how disgusted those patients are when told that it is a case of common toothache, as the dental probe nearly always proves it to be. Happily, we know, too, how to earn their gratitude by relieving these sufferers quickly by means of a little carbolic acid in the tooth chink, and by some *chamomilla* given internally. The sorrow will eventually recur, though there is no absolute need that even a badly carious tooth must always ache.

The pain of periodontitis calls for *calomel* or for *corrosive sublimate* from 3x to 6 centesimal, with a steady avoidance of tea, coffee, and all acids.

#### CASE III.

##### *Suboccipital Pains and Buried Wisdoms.*

Miss Emmeline D., a lady of 27, came to me from Glasgow, in September, 1884, having suffered from dysmenorrhœa and persistent scalp neuralgia ever since she was 14 years old.

I found there was a lateral deviation of spine to the right in dorso-lumbar region. The dysmenorrhœa depended on endometritis plus retroflexion. The headaches on being carefully traced corresponded with the distribution of the two supra-orbital nerves and the great occipitals. The supra-orbital is, you know, a branch of the ophthalmic or first division of the fifth, a sensory nerve suddenly appearing on the surface exposed to great physical changes. The great occipital, a branch of the second cervical, is a frequent site of pain in disorders where the heart reacts on the liver or the liver on the heart.

I found this lady had two complete upper wisdoms snugly ensconced under the gum. I had these liberated and one carious tooth removed.

I have just heard from her that there was afterwards a marked and persistent improvement in just those nerves which we should not expect to see better, viz., in the occipitals, but very little change for the better in the branches from the fifth.

#### *Visual Perversions.*

Many diseases of the eye have been placed on record as owing origin to dental disorders. My good friend, Mr. Morton Smale, so well-known as the energetic Dean of the Dental Hospital, tells me that amongst other affections of the optic apparatus, iritis, conjunctivitis, and photophobia, have been attributed to dental defects.

Here is an extraordinary case, in which the patient, though evidently not blind, supposed herself to be so. She succeeded in convincing not only her own medical attendant that she was incapable of seeing, but also deluded an eye specialist to whom she was sent, in an adjoining town. On the removal of some tightly packed teeth, this patient announced that her vision had returned abruptly to its normal condition.

#### CASE IV.

##### *Reflex Amblyopia apparently depending on Dental Irritation.*

Florence S—., aged 15, was brought to me by her mother from Brockham, in Surrey, on 29th April, 1887. She is a pupil teacher in the village school; she likes her duties and bears a very high character for conscientiousness and truthfulness. She has never been known to

maligner. She does not appear to have the histrionic temperament. Vision of both eyes was good till April 8th, 1887, when it began to decline, and since the 15th of that month she says she has seen nothing. The details of her medical history to be gathered from the mother are very meagre. The parents are vigorous and healthy. They declare, as we so often hear, that the child has never been really well since vaccination in infancy. She has had whooping cough, measles and scarlatina, but no sequela has remained behind.

She has been regular for about a year. The discharge is quite natural in every way. Analysis of urine yielded a purely negative result.

I made a careful examination of all the organs of life, but besides a very shallow method of breathing, there was nothing amiss. The teeth have been causing a great deal of discomfort latterly. I found the pupils dilated and insensible. Accommodation for light and for distance are both in abeyance. On directing the patient to look at the window, she could dimly see the transom, but not the figures on the ground glass.

The girl was pale and inanimate, all the functions of life seemed sluggish and torpid, body fairly nourished. I privately enquired if there existed any reason for desiring to evade her duties. Beyond the tedium of teaching, always, I imagine, specially irksome to the young, there was nothing. No complaints had been made by her respecting her occupation.

I directed the mother to keep the child from employing the eyes; ordered *bell.* 30, one pilule every night.

Sending her on to my friend, Dr. Robert Cooper, he reported that there was nothing in the ears, though the left membrane was perforated, to induce reflex aural blindness. Dr. Cooper gave it as his opinion that the blindness was due to tooth-crowding. The molars were both carious and crowded. Dr. Knox Shaw now made a careful ophthalmoscopic examination, and kindly sent me the following report:—

“April 29th, 1887. I have seen Florence S.; at the present moment I find no gross changes in the fundus of the eye. There is certainly no optic neuritis now, and I should say could hardly have been. The optic nerves are hyperæmic and somewhat swollen, but the edges are distinct and fairly well defined. I should be inclined to

consider that she has had some œdema of the optic nerves, the result of reflex irritation. I agree with Dr. Cooper in casting suspicion upon the teeth. She is hyper-metropic, and with the aid of  $9 + 1.5$  D. reads Jaeger No. 1, the smallest type of all, slowly. I should fancy *bell.* or *apis* were indicated with appropriate glasses.—Yours &c., C. Knox Shaw."

I next sent her to the Dental Hospital. Mr. Morton Smale kindly examined her for me, and directed four crowding teeth to be removed at two sittings, and two others which were carious to be stopped. He wrote me on the 12th of May to the following effect:—

"The patient you sent to the hospital was so evidently the subject of hysteria, that I felt convinced in my own mind that was all that was wrong. I sent her to Juler, asking him to examine her eyes, but in no way expressing an opinion as to her hysteria. Here is his reply."

"The young girl you sent to me to-day is the subject of hysterical amblyopia. The refraction is normal. The fundis oculi is normal, and the vision good [ $\frac{6}{8}$ ]. When she arrived she could only read half the test types [ $\frac{6}{24}$ ], but before leaving she could read all with either eye. The blindness therefore exists only in her imagination.—Yours, &c., H. Juler, Ophthalmic Surgeon to St. Mary's."

The wife of the clergyman of the village, writes May 20th, 1887:—

"This day Florence S. had two teeth taken out. On reaching home she read of her own accord for the first time for three weeks in a newspaper. She says the vision returned to her when walking away from the hospital."

Two more teeth were afterwards extracted and some needful stopping done to others. Five days later I received a note in her own hand writing.

#### CASE V.

##### *Phlyctenular Conjunctivitis and Diseased Teeth.*

For the following details I am indebted to Mr. Henry Power. A youth was brought to him with phlyctenular ophthalmia. Without examining the mouth Mr. Power predicated that defective teeth existed. This was found

to be the case, and within ten days after their removal the eye recovered.

#### CASE VI.

##### *Squint and Decayed Teeth.*

Gwendoline G., aged 5, with white skin, black hair and sadly carious teeth. Very disfiguring convergent strabismus of left eye. So little serves to disturb the functions of the external recti. Late to be developed, early to go—something like the peronei in the leg—these muscles are frequently deficient and flabby. So unlike the active internal recti, supplied by the powerful third cranial nerve or motor oculi, the external recti are no match for their potent antagonists, and unlike their opponents these cannot act in concert; hence the frequency of strabismus convergens; hence the frequency of external asthenopia; hence, too, the unreasonableness of internal tenotomy. These cases were formerly viewed as spasm of the rectus internus, they are now recognised to be far more commonly a paresis of the external recti, due to degenerate muscle or to feeble innervation of the sixth cranial or abducens oculi.

I diagnosed reflex paresis of left abducens due to dental caries, *via* Meckel's ganglion, and directed the teeth to be thoroughly overhauled. I have just heard, two years after, that there has been a progressive improvement in the axis of the left eye since the removal and stopping of the erring teeth.

Mr. Henry Power has recorded some deeply interesting cases of ulcerated cornea occurring as a reflex from tooth disease. These cases may be analogous, as to their pathology, to the neurotic perforating sinuses of the extremities.

Other neuroses which should especially attract our attention to the state of the teeth are epilepsy, trismus and general tetanus, infantile convulsions and superior monoplegia, amaurosis and deafness.

Disorders of the upper teeth are said to induce by preference pains in the twigs which are derived from nerves passing through the supra-orbital or the infra-orbital foramina. Also pains in the orbit or in the side of the nose. Pains in the ear, the auriculo-temporal, or in the gustatory branches of the inferior maxillary suggest the lower teeth. The chorda tympani of course



supplies the link between the gustatory and the facial, and thus introduces an enormous number of possible reflexes. Amongst these are Meckel, the otic, sympathetic on the middle meningeal, the glosso-pharyngeal, the vagus, the carotid plexus, the great auricular, and the upper two divisions of the fifth.

Occasionally we meet with extremely bizarre groups of pseudo-cerebral symptoms. One of the most startling is the celebrated St. Leonards case. A gentleman, aged about 46, suffered from severe headache, mental lassitude and some most distressing subjective cerebral symptoms. Flashes of light seemed to dart through his brain. He was compelled to throw up his profession, and life became a burden. To the keen insight of my friend, Dr. Cooper, this gentleman owes his recovery of wonted health. The upper wisdoms were removed and with them disappeared all the train of distressing symptoms.

#### *Urinary Tract.*

It scarcely occurs to us to associate the urinary organs with the teeth. Yet John Hunter narrates the particulars of a case of purulent urethritis accompanying the appearance of a new tooth. We might feel inclined even in the face of so careful an observer to cry "*post hoc sed non propter*;" but Hunter records in this instance that the boy had an attack of "gonorrhœa," coinciding with the eruption of each tooth. We have already observed that defective teeth will induce symptoms resembling the results of gonorrhœal absorption on the locomotor apparatus. We know how prone the subjects of repeated attacks of urethral catarrh of an infectious character are to myalgia and to joint rheumatism. This brings us to the consideration of the last set of morbid changes induced by dental disease. The two following cases will show their alliance. They are examples of passive pyæmia complicated with slow septicæmia.

#### 3RD.—SEPTIC.

##### CASE VII.

#### *Rheumatic Gout and Defective Teeth.*

Henry V. is a tall, broad and well-built Government official, aged 50. He lives in a well-drained house, on a high plateau of extremely dry gravel. He came to me with an old standing rheumatic gout in the larger joints.

Like my predecessors, I failed to afford him any marked relief. Feeling thoroughly dissatisfied with myself, I went over his physical condition again very carefully, and noted the extremely defective condition of this gentleman's teeth. I had these put into perfect order, and soon the osteo-arthritic troubles and the associated myalgia fell into abeyance. Four years have passed away: I frequently see this man, but never, I am glad to say, professionally.

### CASE VIII.

#### *Gingivitis and General Myalgia.*

Mademoiselle Clementine S., aged 27, resides at Lyons, consulted me on 27th of March, 1886, looking pale, feeble and emaciated. Living in a large house where I knew the table to be liberal, I could not understand the cause of such extreme innutrition, till the odour from the mouth induced me to examine the teeth. I found the gums in a deplorable state, everywhere inflamed, spongy, with long crimson granulations suppurating freely, and the teeth themselves defective.

She wore a very well constructed plate, but the new teeth had been set on the old stumps. I believe it is an axiom in good dentistry that this should never be done. On enquiry I found this patient to be low in spirits, irritable, and often very hysterical; sleepy before meals, the muscles of the extremities ache, so that she with difficulty gets to sleep; wakes with a sudden start during the night (spinal anæmia), and as a result does not feel refreshed in the morning. Breaks abruptly into perspiration, grows giddy on stooping. Her head feels "muddled" and obscure. Has occasional throbbing in the forehead. Hair comes off and the scalp itches. The superficial cervical glands are large and tender. For three years has observed that the eyeballs are very prominent (thyroid not enlarged). There is a dragging sensation at the back of the eyeballs; the pupils are sluggish, they measure usually half a centimetre.

She cannot read more than five minutes without being compelled to close the eyes for rest; lachrymation in the sunlight. Post-nasal catarrh, granular pharynx. Poor appetite, extreme thirst; always nausea and "sinking;" upward flatus. For the past six months has had a pain in the left side of the abdomen over the site

of the sigmoid flexure. For a year has had anal pruritus. Sometimes florid blood passes per anum. Is greatly troubled with vulvar pruritus during the night. Has had a pain at left apex and right anterior pulmonary base all the winter. Auscultation revealed a perfectly healthy lung. Palpitation during dorsal decubitus in bed. P. 90 at 10 a.m.

Always feels either too hot or too cold. During all the cold weather had a persistent pain in right renal region—an analysis of urine revealed a quite healthy state of the urinary tract; this pain proved to be myalgia of right quadratus. Herpes of left index finger. Pain in right hip. Both feet ache and swell. This patient improved under *merc. corr.* 3, followed by (*ignatia* 1), (*carbo veg.* 6), (*bry.* 1), (*gummi guttæ* 6), (*chin. s.* 1), (*arnica* 1), (*actæa* 3x), (*sulph.* 3x), (*nux. vom.* 1), (*merc. dulcis* 6), (*cinnabar* 6), and (*kali bichrom.* 3x).

After each meal, I had the gums freely painted with iodised phenol, and washed well with hot solutions of *calendula* 3ii. to 3j. I ordered oranges and soft salad, and the greatest improvement was soon visible under the two *chlorides of mercury* and *cinnabar*. Flitwick water\* in 10 drop doses appeared to give considerable help, but it was not till the diseased fangs were swept away in July that this patient really recovered. Since she has had her complete double set of teeth this lady has ailed nothing. She was literally poisoning every organ in her body by constantly inhaling putrescent particles with her breath, and by swallowing saliva always tainted with septic and with purulent materials.

My last example shows how defective dental supply may keep agoing a rash through the innutrition of the trophic nerve-centres which control the skin.

The next clinical study dovetails in well with the last cases, because here also osteo-arthritis set in during the absence of teeth, and disappeared with their renewal.

#### CASE IX.

*Psoriasis; Rheumatic Gout; Entire Absence of Molar Teeth.*

Feb. 28th, 1887. Alexander R. is a sturdy, fair-haired Scot aged 30. Has not felt quite well since he was 20,

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\* A natural ferruginous spring in Bedfordshire, rich in iron largely mixed with organic acids from peat.

but has been much worse since coming to London, fifteen months ago. No diathetic disease in his family. Vaccinated in infancy, re-vaccinated at 15. Is entirely covered with discrete spots of psoriasis, which show well on his white woman's skin. No coppery tint anywhere. These spots itch very much when the acids of the skin invade them, as after perspiration, which is very free on exertion. He talks in his sleep and awakes unrefreshed.

Latterly, his spirits have been bad; he has been haunted by an indefinite sense of terror.

Formerly suffered much from cranial pains, not so much of late. Scalp is very scaly and itches. Ears dry and furfuraceous.

Skin of face used to be clear and ruddy; now it is pale and earthy. Foul and green yellow tongue on waking. Dry granular throat; he feels distended after meat meals. Sometimes offensive flatus escapes from the rectum. Gets a daily stool, but it is hard and lumpy. Sometimes is troubled with pruritus ani. Micturition too frequent. Palpitation after excitement and after exertion. Subject to stiff feeling in loins, and to rheumatic pains in the shoulders. Knees susceptible to cold. This patient improved in all ways under *sulphur* 30. He was cured by new teeth. We may look upon this as a suggestive case. He had been treated with copious *arsenic* and *steel* and many other powerful remedies, with the result of losing his teeth and his health, and retaining the rash for which these drugs had been administered.

I began his treatment with *hepar* 30 by day and 3x at bed time for one month, with the idea of neutralising some of the deleterious medication to which he had been unhappily exposed.

And now may I be forgiven if a word is said about the care of the teeth? They *may* be cleaned in the morning, they *must* be cleaned at night. A moderately soft brush, some good germicide tooth-powder, but above all *warm* water. If the teeth be properly cleansed it would seem impossible for tartar to accumulate. Its undisturbed accumulation is of course a sure way of losing the lower incisors. Especial attention should always be given to the posterior aspects of the lower front teeth. It is well to warn the patient not so much to cleanse the teeth as to patiently and conscientiously clean *each* tooth. He

should be urged to respect his teeth, and to view each one of them as a gem of priceless value.

Finally, gentlemen, let me say that, in spite of all that has passed, I cannot deny that not only do a great number of individuals at both of the extremes of life enjoy perfect health with no teeth at all, but adults who live all day long in the open air will both digest food and be robust without one sound tooth in the head.

#### DISCUSSION.

Dr. ROTH said that he had but little experience in the disorders brought before the Society by Dr. Blake. To him (Dr. Roth) the care of the teeth was the most interesting part of the subject, and he regretted that Dr. Blake had not dwelt at greater length on the hygiene of the teeth. He had heard from Dr. Liebault, of Nancy, that "suggestion" had been employed to prevent the pain of tooth extraction. He had mentioned a case to him where the patient, having to have several teeth extracted, was hypnotised on the previous day, and during this state it was impressed upon her that she would not feel the operation. The teeth were extracted at the time arranged, and, much to her surprise, she felt no pain. It must be remembered that patients do not, in the waking state, remember the suggestions made to them during that of hypnotism.

Dr. COOPER said that shortly after beginning the special study of ear diseases he was struck with the number of cases he saw of deafness due to irritation from wisdom teeth. He mentioned the case of a young fellow sent to him with a swelling on the neck. They wanted to cut it out in St. Thomas's Hospital. He could find nothing wrong on cursory examination; but careful examination by reflected light showed a misgrown wisdom tooth. Another similar case was related. The deafness due to pressure by wisdom teeth came on slowly. The only medicine that acted on extracision from this cause was *strychnine* 12x. There were very few symptoms. The removal of the teeth did not always restore hearing. The gentleman's case referred to by Dr. Blake was the most remarkable one he had ever seen. After the removal of the wisdom teeth another perfect new tooth appeared. The wisdom teeth were one of the most powerful factors in causing deafness. The second molars often caused fits or eruptions. They were often mammillated or "warty," and then they caused many reflex symptoms. If they were accompanied by fits they should be removed. The great difficulty was to determine which tooth was at fault and causing the other symptoms. The degree of development of wisdom teeth was shown by over-

lapping of incisors. He mentioned a case in which a wisdom tooth, perfectly straight, remained embedded in the jaw and set up much irritation.

Dr. CRONIN mentioned the case of a young lady in whom there was a succession of phlyctenula, which did not get well until carious teeth were removed.

Dr. DUDGEON mentioned the popular superstition expressed in the term "eye teeth," showing that affections of the eye are thought to be associated with the eruption of the canine teeth. He said he was much interested in Dr. Cooper's views of the connection between deafness and the wisdom teeth. As most of those present knew, he was somewhat deaf, but he had no wisdom teeth, and never had. Perhaps the deafness in his case was owing to the absence of wisdom teeth. Regarding the preservation of the teeth, he said Scotch people were supposed to have better teeth than the English; and that was ascribed to their eating oatmeal.

Dr. GOLDSBROUGH said in reference to Dr. Cooper's statement, that the roots of teeth never became ankylosed to the jaws, he had an impression on his mind, from examining skulls as a student, that the fangs of teeth might become ankylosed at their ends after having caused absorption of the bony processes separating the teeth, and so render extraction impossible.

Dr. BLACKLEY thanked Dr. Blake for his paper. He was disappointed in not hearing more from Dr. Blake of the neurotic cases. He had a patient who had convulsions when cutting his second molars, and also when cutting wisdom teeth. He was taking 90 grains of *bromide of ammonium* a day. When Dr. Blackley suggested that he should give up the *bromide of ammonium* he said he could not live without it. He then consulted Dr. Radcliffe, who suggested *bromide of sodium* instead. He did not have the teeth extracted. At last he gave up the *bromide*, and then Dr. Blackley consented to treat him, and put him on *strychnia*, and he cut all the three remaining wisdom teeth with only a few warnings of an attack. He was an athletic and a most powerful man, though of a neurotic family.

Mr. GADDES had received much pleasure in listening to Dr. Blake's Paper. He was glad to hear the open way in which he had confessed his oversight in not at first tracing in some cases the disease to its cause. General practitioners often neglected this. From his practice as a dentist he had much experience of reflex symptoms. A man having a tooth extracted cried out, "Oh! my face! That is a pain I have been suffering from all the time." Another case, a boy, who came to the dental hospital complaining of a carious molar, had also an eruption on the chin. On removal of the

molar the skin disease got well, though it had been treated in vain before. Any form of nervous phenomena might come from the teeth.

Dr. HUGHES (in the chair) asked Dr. Cooper what he meant exactly by the mammillated teeth—did he mean projections of the enamel?

Dr. COOPER said yes; he usually found such teeth and the jaws small. It was the teeth that gave trouble by their peculiar shape, but the condition was an index of a constitutional state.

Dr. HUGHES thought that the case of amblyopia could fairly be called hysterical, and maintained that the word did to a certain extent explain the condition. He was interested in Dr. Blake's remarks on the external and internal recti. The paralysing influence that *gelsemium* exerted on the eye was felt by the external rectus first. *A propos* of Dr. Blake's last case, Dr. Hughes said that he had seen two cases in which genuine scurvy had occurred from exclusion of vegetable diet, the patients being under the impression that they could not digest vegetables.

Dr. EDWARD BLAKE, in reply to Dr. Roth, said that he had omitted to dwell on the importance of having the teeth scaled, which should be done at least every six months. For twenty years Dr. Blake had used and recommended to his patients a simple and satisfactory tooth powder, called "phenol dentifrice." It consisted of

*Acid. Carbolic*, (glacial,) gr. x.

*Pulv. Cinnamoni*, ʒj.

*Sodæ Bicarb.* ʒii.

*Cretæ Precip.*, ʒj.

to be well incorporated, then passed through a fine sieve.

In answering Dr. Cooper, Dr. BLAKE said that the molar mamillæ represented an arrest of development in the embryonic tooth stage. The teeth were not really too large, only proportionately so. It was in early rickets that, owing to cranial pressure the lower jaw did not develop and could not accommodate the teeth. These irregular nodular dental deposits corresponded with the well-known beaded rib of rickets. With regard to the origin of osteo-arthritis in passive pyæmia—is the pus absorbed and carried right up to nerve centres? or was the phenomenon a trophic reflex. Undoubtedly the latter, for the improvement was so rapid and so persistent once the starting point was removed. He did not agree with Dr. Dudgeon that Scottish children had strong bones because they ate oatmeal, but because the mother eats it during gestation. Many cases of inevitable pregnant caries occurred through incurable salivation. Many more were only due to interstitial



removal of osseous particles to elaborate the foetal bones. Because the mother's diet did not supply mineral her teeth perish. In reply to the President, Dr. BLAKE objected to the term "hysteric" applied to the case of "dental amblyopia," because it explained nothing. What really happened was this. A correct image was thrown on the retina. But its transmission to the visual centres (supra-marginal and angular convolutions) and its prompt and accurate interpretation by them was impaired. Some extraordinary causes of dental irritation sometimes presented themselves. Not long since a youth applied for worry with a tooth. It was drawn, and hanging from the end of a fang was a black cylinder. It turned out to be ordinary india-rubber. The boy had a hollow tooth. A piece of elastic from the side-spring of his boot was masticated by him and found its way into the dental pulp cavity. By pressure repeatedly applied at meals it was slowly forced down and finally passed through the foramen for nerve supply and nutrition. He did think the Lyons case of gingivitis was scorbutic and arose partly from absence of fruit and vegetables.

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## SURGICAL NOTES IN PRIVATE PRACTICE, 1887.

By A. MIDGLEY CASH, M.D., Edin., M.R.C.S., Eng.

### *Dislocation of the Elbow Joint.*

January 25th, 1887. Mr. G., a spare old man of 73, stepping over the wire fence of his garden, caught his foot, and fell upon the point of his bent elbow. I saw him almost immediately, and found both the radius and ulna dislocated laterally to the inner side. There was a great prominence to the ulnar side of the elbow, where the head of the ulna protruded, and on the outer side the external condyle of the humerus was sticking sharply out. The arm was immovable and gave him great pain, and he was faint and suffering from shock. By extension and flexion, at the same time pressing laterally upon head of the ulna, I reduced the dislocation, and felt the bones go in with a snap, and at once it became possible to flex and pronate the limb. The arm was bandaged up in the semi-flexed position, and put in a sling. *Aconite* and *arnica* were given, and the effects of the shock soon passed off.

On the 14th February I find it noted that he has good power in the arm, and at the end of the month recovery

was complete, as he could use it freely and without stiffness or pain.

This is a rare form of injury, and the rapid recovery was very satisfactory, considering the advanced age of the patient. This, I consider, was favoured by his relaxed muscles, which seemed more tolerant of the severe bruising and stretching to which they had been subjected than those of a younger and more robust man would probably have been.

#### *Colles' Fracture.*

Miss H., æt. 56. Slipt on the frosty ground, January 6th, when out walking. I found a fracture of the right radius, immediately above the wrist, with all the usual symptoms. She was exceedingly nervous and hysterical, so I anæsthetised her before setting the bone, and placing it in a Carr's splint, secured it firmly by heft-band and a webbed bandage. Gave *symphytum*, as from previous experience I am inclined to believe it favours bony union. At the end of a month I removed the splint, and found the bone firmly united in good position.

The advantage of Carr's splint is that it allows the fingers and thumb freedom of movement, while it keeps the fractured bone entirely at rest, and the patient is from the first encouraged to use them, and to flex and extend them on the transverse bar at the end of the splint, with the result of avoiding the tedious and annoying stiffness that commonly occurs after union of this fracture when other splints have been used. This lady had a poor circulation, with rheumatic tendency, and suffered from insomnia. *Coffea* 30x proved of great use in subduing the nervous erythism and obtaining sleep for her. *Actea rac.* was used with advantage against her rheumatism.

#### *Colles' Fracture (no splint deformity).*

Miss B., a feeble woman of 70, affected with senile dementia, broke the radius of the left wrist on September 10th with the effort of lifting her bed. There was the usual deformity. I set the bone at once and secured it to a Carr's splint. Here, unfortunately, no satisfactory result could be obtained, as the patient persisted in removing the splint, and the fracture ultimately united with the usual deformity met with in neglected cases.

*Colles' Fracture.*

Mrs. H., on December 8th, when travelling to Torquay, slipped on the platform of Bath Station, and fell, saving herself with her hand. At 8 p.m., on her arrival I saw her, and found she had fractured her left radius, there being considerable pain and swelling. *Arnica* was given internally, afterwards followed by a course of *symphytum*. The fracture was set and secured on a Carr's splint, with a turn of heft-band over the knuckles, and a light bandage to the elbow. She at once felt great relief to the pain and shock from which she had suffered. The union was perfect at the end of the month.

*Cases treated by galvano-cautery.—Severe case of rectal ulcer.*

Rev. W. R., æt. 49. This gentleman had pretty much exhausted all methods of treatment. A hill missionary in Ceylon, he came home crippled with rectal disease. Piles were operated upon in London, and he was sent to the country supposed to be cured, but a recurrence of distressing symptoms again drove him to consult the chief rectal surgeons of the day. He was treated in vain with all the paraphernalia of suppositories and injections. He then came to me, September, 1886.

On passing a speculum I found a large raw-looking ulcer, with a deep fissured base on the posterior wall of the bowel, about  $1\frac{1}{2}$  inches above the anus. This I trans-fixed through its base with a bistoury and divided. Great relief at first followed, but the pain gradually returned. I determined to try what rest would do, and kept him almost entirely to the sofa, giving a long, careful course of *acid nitric* in varying dilutions, besides which he also got *ascul. hip.*, *sulphur*, *nux* and *ignatia*. The ulcer healed to a certain point, beyond which it would not go. I now determined to try the effect of the galvano-cautery. Having first inserted a 1 grain suppository of *cocaine* I shortly passed a rectal speculum, exposed the ulcer, removed two mucous papillæ, which obscured it, and then thoroughly treated its base with the porcelain cone, searing it throughout. The pain was trifling and he went home in a cab. This at once set up active healing, the ulcer was much diminished in three weeks, and the pain also was relieved.

I have occasionally, as it seemed advisable, repeated

the application of the porcelain cautery to the ulcer, always with a beneficial result as to healing and diminution of pain.

Mr. R. is now able to take considerable exertion with the prospect of at no distant time being able again to return to his arduous labours in the East.

*Arterial Nævus.*

A baby of six months old was brought to me having on the chest a raised scarlet-nævus of the size of a split bean, which had become apparent shortly after birth, and had gradually increased. Mr. Gillow rendered the child unconscious with the A.C.E. mixture, and Mr. Abbott assisting me, I passed two fine needles at right angles under the growth, and surrounded it below them with the wire of the ecrasseur. The current being turned on, it was rapidly cut off, leaving a clear seared eschar to granulate, which was dressed with calendula in vaseline.

*Papillonia of Upper Lid.*

Mrs. H. came to me on May 4th with a soft pendulous papillary growth on the upper eye-lid near the inner cauthus, hanging down over the eye and thus obscuring the sight, and causing her much annoyance. It had been treated by caustic, but never satisfactorily removed. I excised it at once with the galvano-cautery, using a platinum knife. I saw her a few weeks later, when no trace of the growth or the slightest scar remained.

*Severe Case of Internal Piles of Thirty Years Standing.*

Mrs. R., æt. 62, had five large vascular growths, protruding almost constantly and surrounded by a dense wall of circular condylomatous-like bodies of the nature of external piles. These last—before the patient was operated on—formed a smooth mucous ring giving the appearance of a completely prolapsed rectum. The case was a very severe one, and the disease had quite incapacitated her from following her avocation—that of a sick nurse. Assisted by Messrs. Gillow and Abbott, I passed the wire of the galvano cautery ecrasseur round each growth in turn, removing it at its point of attachment to the bowel. The piles were extremely vascular, and it required some caution to prevent hæmorrhage. A slight gush of arterial blood occurred several times during the excision, but this was instantly checked by raising the strength of the battery, so as to make the wire glow

up to a red heat. The blood at once turned black and coagulated, and I do not think the patient lost 3 drachms throughout the operation. Five large piles, each of the shape and size of a rabbit's kidney, were thus removed.

A cocaine and hamamelis suppository was inserted into the bowel, and the patient put to bed. She had no ill after effects, passed urine without difficulty, and had full and painless action of the bowels twice within the next forty-eight hours, no hæmorrhage occurring then or at any other time.

Three weeks after the first operation she walked to my house to have the external piles operated upon. 1-3rd of a grain of cocaine was injected into each pile, and after five minutes I surrounded and removed each in turn with the platinum wire; no bleeding occurred, and very little pain was felt. Four growths were thus removed, and the parts dressed with carbolised oil on a pledget of absorbent wool. Six hours after I saw her at her own home. The bowels acted on the fourth day, after which she was permitted to leave her bed. Twelve days later she was about the house and ready for work, having entirely got rid of her trouble.

To the surgeon in private practice, where assistance is scarce and avoidance of hæmorrhage of the first importance, the galvano cautery is a most valuable instrument. Its use is attended with far less pain than the knife, for it instantly sears the nerve ends, and converts a sentient surface into an insensitive sear. It also seals the mouths of the vessels by coagulating the blood, thus making safe arteries and veins of considerable calibre, if the wire is used at a red heat. Above this heat, it divides the tissues too rapidly, so that time for coagulation is not allowed, and then hæmorrhage may occur.

Septicæmia would, I believe, be very rarely met with after its use, as the seared wound is a non-absorbing surface. It promotes rapid healing, and stimulates unhealthy tissues to put on healthy action, as in the rectal ulcer above described. In removing hæmorrhoids it is far better than the ligature, which remains to cause a slow and painful process of ulceration, during which phlebitis and pyæmia may occur. I prefer it also to the clamp and actual cautery (which I formerly used), for the galvanic wire cuts away definitely and completely the whole tumour, whereas when the clamp is used, its own

thickness of the pile which it grasps must necessarily remain. Moreover, at some point, more or less slipping out of the jaws of the clamp may easily occur. Few clamps are absolutely safe and true, where dense fleshy piles have to be dealt with, and obstinate hæmorrhages (very difficult to arrest) may easily occur.

With the galvano cautery you stop all bleeding at the same time and by the same process as you excise the tumour. Prominent nævi of any size I prefer to remove whole, cutting below needles passed under the basis as in the case given, but small or flat nævi I find are best treated by puncturing at certain intervals with the platinum point. Under this they rapidly shrivel (the small ones will do so instantaneously), and are soon obliterated.

#### *Aural Polypi.*

Two cases of this description occurred to me during the year. One in a lady of 45, who came complaining of tinnitus aurum and otorrhœa. I syringed the ear, removing cerumen and found a small polypus some distance down the meatus. This I snared and prescribed *ac. nitrum* 3x. Six weeks later she reported the tinnitus as relieved.

General C., æt 55, from whose left ear I removed four vascular polyps with Wilde's Snare. He had been under treatment for severe head symptoms, caused by an ear blocked with cerumen and long accumulated foul secretion, which seemed as though it never would be completely cleared out. Repeated careful syringing, extending over several weeks brought away an almost incredible amount of secretion, one turn-out having much the size and appearance of a good-sized oyster. Complete relief to his head was finally obtained, this polypi being the last to be removed.

#### *Deep Wound of Tongue.*

October 26th, M.R., a little girl, æt 4 years, after eating a hearty dinner, was balancing on the hind legs of her chair, when it toppled over and she fell, striking her head sharply, the teeth catching the tongue between them. Her friends finding her bleeding profusely, I was sent for at once, and found on examining the tongue about  $\frac{3}{4}$  of an inch from the tip a deep irregular wound made by the upper teeth, which had penetrated nearly 2-3rds through the organ. Having just taken a full

meal an anæsthetic could not at once be given, but 3 hours later I administered *bichloride of methylene*, and passed a fine needle through the lips of the wound, which I secured in fair position with a silk suture. For the next 24 hours the child (who was an example of docility!) retained in the mouth a sponge soaked in calendula lotion. The wound rapidly healed without interfering either with feeding or articulation, and was soon only perceptible by a very faint line.

(*To be continued*).

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## A FEW WORDS ON THE DOSE-QUESTION.

An Unpublished letter to the *Times*.

By D. DYCE BROWN, M.A., M.D.

In the *Times* of January 20th appeared the second leading article on the discussion which had been going on for three weeks on allopathy and homœopathy, under the title "Odium Medicum and Homœopathy." In the same issue were two letters, one by "J. C. B.," and the other by Dr. George Johnson. These letters contained statements which required notice and reply. The following answer was sent to the *Times*, but as the editor had decided to close the discussion with the admirable leader referred to, he politely returned my letter, regretting that the correspondence had closed. I think it best to print it here as it stood, rather than alter its shape:—

### ODIUM MEDICUM AND HOMŒOPATHY.

*To the Editor of the Times.*

SIR,—After your able and judicial summary of the correspondence which we have in the leader of to-day, it might be expected that the correspondence would close, but if it is not too late, I should like to notice two of the letters which appear to-day. "J. C. B." says, "there is one experiment in homœopathy, at any rate, which, notwithstanding their alleged disinclination to test it, doctors have frequently performed." This experiment is swallowing (in health) "homœopathic globules, up to a bottleful at a time," and with no result. And no wonder—I would do the same myself any day, and would expect no result, for the simple reason that the minute doses in the "globules" or pilules are not expected, owing to the minuteness of the dose, to disturb any one in health. But this is not always the case. When "J. C. B."



goes on to say—"Homœopathsists admit that their infinitesimal doses have no effect on healthy human beings," he is in a mistake. The susceptibility to certain medicines in infinitesimal doses varies greatly in individuals, and while, *as a rule*, infinitesimal doses have no effect on any one in health, this rule has exceptions, and some provings made with high dilutions have not only been proved to be reliable as guides to the selection of the medicine, but homœopaths know that some of these provings have furnished, not only accurate, but almost unfailing indications for the medicine. Hahnemann himself was one of those "sensitives." I have myself seen headache, dilatation of the pupil, dimness of vision, giddiness, flushed face and dry throat produced by one pilule of the 3rd centesimal dilution of *belladonna* (the millionth of a grain) given three times a day for four days. Another patient in the Homœopathic Hospital developed similar symptoms from drop doses, three times a day, of the second decimal dilution of *belladonna* ( $\frac{1}{100}$  of a drop of the mother-tincture which is of the strength of 1 in 10), equal to  $\frac{1}{1000}$  of a grain of *belladonna*. A third case bearing on this point, as showing the occasional disturbing effect of infinitesimal doses, I may mention is that of a lady, sensitive, but far from imaginative, who, on coming under my care and finding that I had prescribed *belladonna* in the 3rd dilution (millionth of a grain), said that she had tried this so often, with the result of keeping her awake all night, and giving a headache, that she begged me not to give it to her. On my suggesting that there might be some other cause for it than the *belladonna*, she agreed to take it to please me. The result was the same. I then, feeling sure that *belladonna* was the right medicine, prescribed the 30th dilution, which she would hardly agree to take, but which she found produced at once the desired curative effect. From that time the 30th dilution of *belladonna* became one of her most trusted medicines. To a fourth case, illustrating the same point as the last, I prescribed *lachesis* in the 6th dilution. The symptoms for which I prescribed this were aggravated after a very few doses, and she refused to take any more. Feeling doubtful in my own mind if this aggravation were not due to some other cause, I had the same medicine given so that she should not know what she was taking. When I next saw her she at once said, "you have given me the same medicine again," and would have no more. I soon satisfied myself that this lady was one of the extreme "sensitives," and that the 30th dilution invariably did more good than any lower one, which on repeated trials I found almost invariably made her worse. At the other extreme of

the sensitive line I may instance myself. I was some years ago experimenting on myself with *conium* (hemlock). I took one dose every morning half-an-hour before breakfast, beginning with dilutions, and coming gradually to strong doses. Two drachms of the *succus conii* (B.P.) are considered by Dr. John Harley ("Old Vegetable Neurotics") as a full physiological dose. But this dose had not the slightest effect on me. I increased the dose to seven drachms (a drachm less than an ounce) with no result whatever. I should not have known I had taken anything stronger than cold water. I also tried in the same way the mother tincture of the homœopathic pharmacopœia (1 in 10) up to seven drachms, with a similar absolutely negative result. "J. C. B." would probably have concluded that *conium* was inert as cold water, though it only showed my want of susceptibility for it, as happens also in rabbits. These illustrations show the immense variation in susceptibility to drugs in different individuals, and how it comes to be necessary to use thirtieths in some cases, and lower dilutions in others. One more case I may mention, *à propos* of infinitesimals, as showing that the "sensitive" patients may go on uncured simply because the dose of the right medicine is too strong. A lady complained of chronic constipation. She had been for years under the care of a homœopath who used almost entirely the stronger dilutions. She said she had had every medicine he could think of, and *nux vomica* among others down to the "strongest doses." Feeling sure that *sulphur* and *nux vomica* were the right medicines, I prescribed one pilule of *sulphur* 30, in the morning, and one pilule of *nux vomica* 30, at night, making no change in diet or in anything else. Relief followed the next day, and by continuing the medicines thus for a week, and then giving them every second day, and then less frequently, the normal action of the bowels was maintained, and she was able to leave off medicine altogether. "J. C. B." would, of course, consider this the effect of the imagination. What comes of the imagination in children, and still more in cattle, horses and dogs? All who have once used homœopathic treatment for their horses know too well the value of it as compared with allopathy, and the coachmen who see the effects are always in favour of the new treatment. One of my homœopathic brethren, a good judge of horses, saw one at a sale which seemed hopelessly ill, and had been given up by the "vet." My friend knew what homœopathy had done for him before in the case of his horses, and to the amusement of the on-lookers, bought the animal for a "mere song." After a course of homœopathic treatment the horse quite recovered, and turned into a most valuable animal. A relative

of my own, a large landed proprietor, who had a weakness for the breeding of fine cattle, told me that not only was homœopathic treatment in his cattle much more successful than the old modes, but that he found the high dilutions more successful than the lower ones. The late Mr. Lord, when chief veterinary surgeon at the Canterbury Cavalry Depot, found that by using homœopathic treatment for the cavalry horses, they recovered better and much more quickly than under the old treatment, and cases which under the old-school treatment he would have given up, recovered under the new. The commanding officer was so struck by the results that he sent an official statement to H.R.H. the Commander-in-Chief, urging that homœopathy should be employed for all the cavalry horses. So much for the effect of imagination. "J. C. B." says: "Can the homœopaths mention a single symptom of disease which is not a modification of a natural function—a single morbid growth not made up by histological elements that exist in health? They cannot, and they know they cannot." Quite right, "J. C. B.," we cannot, and it is for this very reason that we expect our medicines to act curatively. He goes on: "Upon what, then, do their infinitesimals act? On the imagination, and on that alone. They allow that on healthy persons they have no effect (we do not), and a diseased person is a healthy person out of tune, but with no chords added which might be responsive to more delicate vibrations than the normal instrument is capable of responding to." If this is not begging the question "muchly," we should like to know what is. We further agree with "J. C. B." that a diseased person is a healthy person out of tune, and that all symptoms of disease are modifications (we should say the result of modifications) of natural functions. But what we maintain is, that a person "out of tune" is responsive to doses which might have no effect in health, *provided the medicine is homœopathic to the symptoms*. This is not a case for dogmatic assertion. It is proved by experience and experience only; and in the face of experience preconceived ideas must be set aside, while the imagination will hardly rank as a factor in young children and in the lower animals.

"J. C. B.'s" quotation from memory from Dr. Dudgeon's proving of *aconite* is quite comprehensible on a moment's consideration. The "face pale," &c., is the result of the depressant effect of the dose, corresponding to the period of collapse, or faintness, while the "face red," &c., are the evidence of the febrile reaction which, every one knows, follows. It is on this account that homœopaths can give their small doses of *aconite* in the initial chilly stage of an inflammatory fever, as well as in the second stage of fully developed fever. Even in

the former case, it will often cut short the "out of tune-ness" before any febrile reaction ensues. The rest of "J. C. B.'s" letter we may safely leave to the criticism of your readers.

We are surprised that any one of Dr. George Johnson's acumen could have thought that the relation of cases of poisoning from over-doses of Rubini's solution of *camphor* had any bearing on the question at issue. It is because *camphor* causes in large doses "giddiness, headache, faintness, and drowsiness," and we may add collapse, that it is homœopathic to giddiness, headache, faintness, collapse, &c. And if any one is foolish enough to take such a dose as 15 drops he has himself to thank for it, and must take the consequences. I rather think it was *minims*, not drops, that Dr. Johnson mentioned in his publication, which I read at the time, but have not beside me. A drop and a minim of Rubini's *camphor* solution are different things. Rubini's solution is a saturated solution of *camphor* in strong spirit. It is well known to be so, and any one who takes the trouble to enquire at any chemist's will be told so. It is not made, therefore, according to the recognised strength of "mother-tinctures," which are 1 in 10, but is a preparation by itself—a saturated solution. It is used of this strength because Dr. Rubini, of Naples, so used it with such remarkable success in doses of one or two drops, in cholera. The fact of such a dose not being infinitesimal is, to Dr. Johnson, convincing that homœopathic doses are no longer employed. How often have we to repeat that the rule of the dose is that it shall be less than will aggravate the symptoms, and that any dose short of this, of a remedy which is homœopathic to the complaint, is a homœopathic dose? The case of *camphor* is an excellent illustration in point. It is found by experience to act better in doses of one or two drops—not minims—than in more dilute doses, in cases to which it is homœopathic, such as cholera, certain forms of diarrhœa, faintness, collapse, &c. And here, in accordance with our rule, we use it so. That these doses act beneficially is the experience of, not only all homœopathic doctors, but of countless patients; and, I believe, nearly every paterfamilias under the new treatment has his bottle of Rubini's *camphor*, and knows how to use it. In former cholera epidemics, this was the medicine which was found of such great value by city missionaries, sisters of charity, and others, many of whom carried it about, and, by giving timely aid, saved many unfortunates from death or serious illness. But if any one chooses to take an overdose of 15 drops or 20—as I think some of Dr. Johnson's patients did—and suffers accordingly, it is his own fault, and there is no blame to the medicine, and still less to

homœopathy. Dr. Johnson may as well cease to prescribe a dose of *opium*, because some man killed himself, or next thing to it, by taking an overdose.

May I also allude to a letter in your yesterday's issue, signed "Edward Gibbon Swann," "author (*sic*) of Laurie's Homœopathic Domestic Medicine, Great Edition, 1850." It is unusual, to say the least, for a man to style himself for the first time "author" of another man's book forty years after it is published. We have enquired who Mr. Swann is. Mrs. Laurie, the widow of Dr. Laurie says she does not recollect ever hearing the name, but that her late husband had an amanuensis who helped him in preparing the book. Mr. Ross (of Leath and Ross, the publishers of the book), will probably reply himself. On enquiry at their house of business, I am told that Mr. Swann was the person Mrs. Laurie refers to, and that he was employed by Dr. Laurie to help him in the compilation of the work. So perhaps Mr. Swann will explain in what way he calls himself the "author." Mr. Swann is, I am told, not a chemist or a medical man, and his "feeling certain" and "his conviction" that the homœopathic medicines are not prepared as they should be is of very little weight against the denial of the homœopathic chemists, who naturally feel indignant at such charges. Perhaps Mr. Swann would also state what he has had to do with the dispensing or preparing the medicines, and so give a guarantee for the knowledge which forms his "conviction." Is there anything very impossible in preparing tinctures on a large scale, actually even a pint at once; or having prepared a pint of tincture in saturating pilules in it? The amount of tincture in each pilule is just what it will absorb and no more, and chemists know the exact number of pilules which can be medicated with a given amount of tincture. Every one knows that if spirit is diluted with water beyond a certain degree, pilules cannot be made, as they will soften and stick together. Hence, in the Homœopathic Pharmacopœia, it is stated under each medicine what dilutions can be made into pilules and what cannot. Mr. Swann states that "a considerable quantity of water is added to the spirit as got from the distillers," seeming to suggest adulteration, while every homœopathic chemist knows that certain plants require dilute spirit to be used. The Pharmacopœia here goes into full detail, stating what plants require strong spirit, and what ones require diluted spirit, the amount of dilution being fixed in each case. Mr. Swann in all his remarks shows that his knowledge is such as to lead one to place very little reliance on his "convictions," while the insinuations, such as writing homœopathic chemists in inverted

commas, as if most, if not all of them, were not members of the Pharmaceutical Society of Great Britain, may be dismissed as unworthy of notice.

I am, Sir,

Yours obediently,

D. DYCE BROWN.

29, Seymour Street, W.

January 20th, 1888.

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## CLINICAL REFERENCES.

By S. H. BLAKE, Esq.

### *Hemiplegia.—Recovery.*

Miss S., aged 59, single, stout and florid, on May 15th, whilst sitting, lost the use of the right arm, leg, face and tongue. No dropping of the eyelid. Consciousness was retained from the first, though there was some mental confusion. Sensibility of the paralysed parts was but little diminished and elsewhere not altered. Speech and deglutition were not perceptibly affected. There was, however, considerable prostration, and the mind was depressed, and apprehensive, with weeping, and the impression that she could not recover and with no wish to do so. She declined to take medicine until pressed to do so. These conditions continued from the 15th to the 18th. *Arnica*  $\phi$  gtt. v. aq  $\mathfrak{z}$  vi. was employed on the first day, but restlessness and pyrexia soon set in, the skin being hot and dry, and the pulse full, and *aconite*  $\phi$  gtt. v. aq  $\mathfrak{z}$  vi. was substituted. Subsidence of the pyrexia at once commenced, and by the next day she was greatly better.

18th. Nothing was obvious as an indication for treatment except the paralysis. Skin cool, evacuation normal, patient tolerably comfortable. Very little mental depression. *Phos.* 3x.

19th. Has partly recovered the use of the leg, no improvement of this kind having occurred before the *phosphorus* was given. The use of the arm and facial muscles soon followed, this return being attended by tingling in the extremities and an increase of sensation. The mind continued hopeful. *Phosphorus* was continued until the 24th, at which time the nocturnal restlessness



and the dry heat of skin, the anticipation of death, gloominess and shedding of tears again returned. *Aconite* was given and again followed by great relief. From the time *phosphorus* was commenced too, the mental improvement was commensurate with the motor recovery. She became desirous to recover and to take her medicine, becoming very hopeful and in good spirits, and the anxious expression disappeared from the face.

On the 26th *phosphorus* was renewed. It was now noted that the bowels hitherto open had become obstinately confined. Paralysis returned in the leg by the 27th, the arm also being less useful. *Phosphorus* on this occasion was followed by no improvement. There was drowsiness and on waking a dull headache. An aperient was given on the 28th, which freely unloaded the bowels, giving a great sense of relief, and by the ensuing morning, 29th, the use had returned to the leg and arm. The returning of paralysis had apparently been due to the constipation. There still remained a transient headache on waking, with sleep in short periods. *Conium*  $\phi$  was next used for a few days, but as from this time there was no relapse or symptom of importance, the treatment was practically ended and recovery may be said to have been effected by the 14th day, at which time all symptoms had disappeared, leaving only a little general weakness as the result of her illness.

In this case there were no premonitory symptoms, no arcus senilis, no previous rheumatic history of any account, no renal affection, no sign of endocardial vegetation, no previous attack of paralysis to have given warning or special indication of a tendency to thrombosis or to embolism. The patient had had, however, a considerable amount of anxiety concerning a relative.

#### *Comments.*

There is in this case at least something more than a mere probability of medicinal influence in the rapidity of recovery if not even in the ultimate result, and from it we learn four therapeutic suggestions, (a) That under the like circumstances *arnica*  $\phi$  is apparently a safe prescription before the stage of pyrexia. (b) That pyrexia having supervened, *aconite*  $\phi$  may be used with success. (c) That if return of motor power be unduly delayed *phosphorus* has a good chance of hastening its return.



(d) That occasionally there will be great relief by freely unloading the rectum and colon, when delay of recovery or a return of symptoms is induced by constipation. That the medicines used were followed by immediate improvement and relief to the patient, together with her ultimate recovery are the best proofs we have of their utility. That these drugs might be used beneficially under other conditions, or for other forms of paralysis, or continued throughout the treatment instead of being changed or discontinued, might be elicited by further experiences. In the recorded case the hemiplegia is too defined and persistent, and wanting in renal symptoms, to be readily attributed to mere congestion or to serous effusion. In the larger brain lesions a more conclusive testimony is presented by the phenomena referring distinctly to the nature of the cause than is the case with minor structural changes. Extremes sometimes meet; proportions are presented in different arrangement; locality may give a different significance in relation to the extent of the damaged structure; the ratio between phenomena and their causes may be changed, and consequences become difficult to explain when they may be referable to more than a single essential cause. Softening from obstruction of a vessel to which is added capillary hæmorrhage for instance gives us a concrete condition of structural change, more difficult of diagnosis than a simple pathogenesis.

The smaller the organic change, the slighter and more evanescent are the separate characters which should indicate to us the nature of the central changes. Notwithstanding the difficulty in many cases of making arbitrary diagnostic distinctions, it is gratifying to know that at least distinct symptomatic indications may be of great use in suggesting remedies the expected usefulness of which may be found consistent with our clinical experience of them. These symptoms granted as facts, it is by mistaking their correlation that we are chiefly likely to be misled, even when using them merely as a guide to the prescription of medicine, though the correct knowledge of their morbid anatomical relation would be an undoubted advantage. While like difficulties occur in medicinal pathogenesis clinical use will still come to our aid occasionally. We have by clinical experience thus learned something of the uses of *phosphorus*, *bella-*

*donna, veratrum, gelsemium, aurum, ignatia*, and other medicines in brain affections.

The retention of consciousness would indicate that the lesion was not either deeply or superficially extensive, and the early recovery is consistent with this. The absence of general vascular degeneration and no loss of consciousness, and no convulsion, also renders it unlikely that rupture of a large vessel (as the middle meningeal) would be the cause. Whilst the suddenness of the onset, the absence of signs usually belonging to other forms of paralysis, the duration and severity of the illness would show a possibility of the rupture of a small artery with hæmorrhage. Excitement and anxiety might produce a congestion culminating in hæmorrhagic effusion. If small in extent, however, the distinction between the phenomena of hæmorrhage, embolism and thrombosis become less marked in quantity, rate of onset and degree of unconsciousness. Embolism in a small vessel is no parallel as regards its cerebral symptoms to embolism involving a large area. Even hæmorrhage is not equally continuous with different sized vessels, and when small there is less shock and injury to the surrounding structure, and hence the resulting symptoms become less distinct, and consciousness may be retained, or not in degrees according, not only to the nature, but to the situation, size and extent of the interference with the circulation and nutrition. The probable condition announced in the recorded case is that of hæmorrhage or of acute softening as a result of some vascular change, followed by pyrexia evoked possibly by local congestion. As to its site. The retention of power of swallowing and absence of optic implication point to the exclusion of the deeper part of the pons varolii, optic tracts, and corpora geniculata from the lesion. Such a paralysis is, however, consistent with a breach of continuity in the connection between the cerebellum and cerebrum (the crura cerebelli) since the integrity of the fibres herein are important in the motility of the limbs. The same may be said of the fibres of the pons, and a part of the optic thalamus, and even a part of the corpus striatum, though the defined nature of the hemiplegia rather excludes the latter body, and the lesion may therefore, for this second reason, be considered small, and as not implicating the origin of the most important nerves at

the floor of the fourth ventricle. It would appear probable that the damage occurred in the fibres converging to the pons, and may have, indeed, been exceedingly small, and either in the fibres from the cerebellum or more anteriorly, in those descending from the optic thalamus, through the pons, and before their decussation in the pyramids of the medulla oblongata. The acoustic nerve was not affected. If we regard the case as one of hæmorrhage, then the quick recovery points to the early absorption of the effusion and the restoration of nutrition possibly through adjacent auxiliary arteries, unless we presume the renewal of structure in the affected vessel. In the pons, aid in nutrition from adjacent arteries is more possible than farther forward in the striate body. The quick rate of recovery is also consistent with smallness of lesion, whether from obstructed circulation or of white softening, or of a clot or an area of red softening. It is possible that in the last two conditions the symptoms indicating *aconite* are the more likely to arise.

Notwithstanding the hopelessness of averting damage already accomplished, the power of medicine to expedite recovery, so far as nature is capable of it, by controlling hyperæmia, inflammation, or by increasing nutrition, or by aiding the removal of morbid material and so facilitating the production of the new tissue, is evidenced in many diseases and different organs, and that the same may be effected within certain limits, even in brain structure appears certain. In a stage of acute hyperæmia we have clinical suggestions for the use of *belladonna*. In the more passive congestions, with stupor, &c., *hyoscyamus*, *opium*.

In reflex congestion, with vertigo, *cocculus*.

In certain premonitory congestions, *nux vomica*.

In irritation and pain referred to the occipital base cerebellar region sometimes attended by severe neuralgic pains, and implication of the meninges, *sanguinaria*, *actæa*, *gelsemium*, *veratrum viride*.

Improvement in regaining motor power has been observed in some of the more chronic as well as in acute paralysis after the use of *phosphorus*.

### "MEDICAL SCHISMS."

UNDER this title *The Globe* newspaper, some weeks ago, had an article briefly drawing attention to the various developments of therapeutics during the century now fast drawing to a close.

"Homœopathy, as originated by Hahnemann, is," we are here told, "the most prominent of the great schisms in medicine. The founder and his disciples," the writer proceeds, "encountered fierce resistance from the orthodox or 'allopathic' body. Hahnemann asserted himself as the prophet of a creed. He believed himself to be almost inspired, and was convinced of his mission to reform the whole theory and practice of the healing art. His followers styled him the 'Messiah of Medicine.'"

That there is here a very great deal of exaggeration, every one familiar with the history of homœopathy is of course well aware. Hahnemann has nowhere "asserted himself as the prophet of a creed;" neither did he ever so express himself as to warrant the notion that he regarded himself as "almost inspired." That he was "convinced of his mission to reform the whole theory and practice of the healing art" is true indeed, and the present state of the healing art justifies his having entertained that conviction. We believe that one enthusiastic disciple has described him as the "Messiah of Medicine." This, however, is a term expressive of the intense importance which he who used it attached to the work accomplished by, and not one which has commonly been applied to, the founder of homœopathy.

"There is no doubt," *The Globe* continues, "that at the beginning of this century, when homœopathic doctrines were first promulgated, medical science was still of a very barbarous sort. The new heresy stimulated reform indirectly. It also gave several new specific remedies to the medical world, and directed attention to the value of certain powerful agents; it almost created the study of therapeutics, and caused advance in physiological research. So far, the schism conferred benefit upon medicine in general."

Surely, if such results have accrued from the promulgation of homœopathy, it ought never to have been regarded in the light of "a schism." To have "almost

created the study of therapeutics" is no small matter; while it is perfectly true that such has been the result of Hahnemann's work. Why, then, should its consideration have been uniformly excluded from the meetings of medical societies? Why should those members of the profession who have studied homœopathy have been precluded from entering such societies? Why should the medical press have persistently refused to receive contributions illustrating the study of therapeutics on a homœopathic basis? Why should hospital physicians who endeavoured to enquire into it have been extruded from their hospital appointments? It is this "boycotting" course of action, on the part of those members of the profession who have refused to investigate it, that has rendered homœopathy, which has "almost created the study of therapeutics," a "schism." Had homœopathy been discussed in already constituted medical societies, had it been illustrated in established medical journals, had it been possible to practise homœopathy, without let or hindrance, in our general hospitals, there never would have arisen homœopathic societies, homœopathic journals, or homœopathic hospitals. And, what is of more importance still, the therapeutics, the study of which it has "almost created," would have been much more thorough, much more complete, and much more generally diffused than it has been in the power of a small body of boycotted practitioners of medicine to render it.

That homœopathy has been looked upon and treated as a schism has been due entirely to the action of those who, refusing either to examine it theoretically or to test it practically, have excluded it from the topics of professional enquiry and discussion. That the general knowledge of the profession has been restricted in consequence, and that such restriction has often reflected injuriously upon the sick, admits of no doubt at all. Further, this erecting of homœopathy into a schism has had a demoralising effect. As we have repeatedly pointed out, and abundantly illustrated in our pages from time to time, physicians of acquired reputation, fearing lest the open acknowledgment of the truth of this so-called schism should be to their professional detriment, and yet knowing full well that it is true, have not scrupled to avail themselves of the researches which have accrued

from homœopathy, and, setting them forth without any acknowledgment of the source of their information, have left their readers to assume that they were the originators of the therapeutic hints they derived from homœopathy. They could not refrain from publishing the knowledge they had acquired, they dared not tell their readers how they had acquired it, and thus have left themselves open to the charges of plagiarism—a literary and scientific crime of the first order—which have been so freely made against them. This has arisen entirely in consequence of the British Medical Association having decreed that homœopathy is “a schism,” and that those who openly admit its truth are “schismatics” whom it is incumbent upon the “orthodox” to cast out of the Temple of Medicine.

The writer in *The Globe* continues thus:—“As a distinct and separate system, however, it must remain a schism—a heresy; and in these days of accurate science and logical method, its followers must be prepared to sustain a position that is not a little equivocal.” Why so? we would ask. Homœopathy, it has been demonstrated and proved, times without number, has its foundation in as large a series of accurately ascertained facts as any scientific principle in existence. That its method is logical has been determined by the results which have followed the application of it, when compared with those which have been derived from other therapeutic methods. Why then, we would ask, is our position equivocal, when we maintain the superiority of this method of treating diseases over all others, and adhere to it as closely in practice as we possibly can do?

We are further informed that “our English homœopathic physicians of repute are to-day scarcely in antagonism with the general body. They have passed through the same training, and it is chiefly in theory that they are heterodox. At any rate they have whittled down Hahnemann’s fundamental doctrine—*similia similibus curentur*—into a shadow of what it was as he propounded it, and have decidedly given it up as an invariable rule of practice.” It is true that we desire no antagonism to “the general body”; we are, indeed, not conscious of any, but the general body is antagonistic to us; the opposition comes from them. Our heterodoxy, such as it is, “is not chiefly in theory.”



Our theory—if such the *fact of similia similibus curentur* can be rightly called—is now admitted to be “of partial application.” Our heterodoxy may thus, so far, be supposed to consist in our confidence in this so-called theory being applicable to the treatment of diseases (so far as drugs are concerned) to at least 99 per cent. of the cases we are called on to deal with. But it is not even so; our heterodoxy consists in *openly avowing* that we do so believe. This is our “crime and offence.” We declare that homœopathy is a true therapeutic principle. The people who regard themselves as “orthodox” assert that there is no principle in therapeutics, that all is empirical! We acknowledge that we treat our patients in accordance with this principle to the fullest extent we are able to do. And this is called “trading on a name!” The professors and lecturers on *Materia Medica* who denounce homœopathy, misrepresent it, and use every means in their power to prevent its study by their pupils, and at the same time go to the writings of homœopathic physicians for the therapeutic facts they teach, well knowing that the knowledge of these facts has been derived from the practical application of homœopathy, are accounted honourable physicians; they are regarded as the leaders of medical thought, and the directors of investigation in therapeutics.

That the position of such persons is “equivocal” is indeed clear enough.

Then says our amateur critic: “At any rate they have whittled down Hahnemann’s fundamental doctrine, *similia similibus curentur*, into a shadow of what it was as he propounded it, and have decidedly given it up as an invariable rule of practice.” This shows such complete ignorance of the mode of practice of “our English homœopathic physicians of repute,” that it is scarcely worth notice. So far is it from being true that the doctrine of *similia* has been whittled down to a mere shadow, that there is nothing more characteristic of the most earnest cultivators of therapeutics amongst homœopathic physicians to-day than their efforts to apply this principle by the light of pathological facts rather than by the pathogenetic phenomena expressing them when defining the exact sphere of the operation of this principle in the treatment of disease, and striving to render the accuracy of our drug-proving above suspicion. An invariable rule



of practice in dealing with every form and phase of disease and injury that can come under the care of the physician or surgeon—this principle never was—while the experience of the century has enabled us to ascertain more exactly than hitherto what its precise sphere is.

Again it is said: "They have also discarded his other great law, that of the 'potentising' of drugs by bringing out the active spirit of them through long trituration and excessive dilution. This amazing belief survives in the globules and attenuated tinctures which many people have faith in, though the aforesaid physicians [English homœopathic physicians of repute] doubtless regard them as no more than safe playthings for uninformed amateurs."

Hahnemann propounded no "law" of the potentising of drugs. Long years after he had declared his conviction that, to secure the full advantage of the remedial power of drugs, they must be selected because of the similarity of their effects on the healthy to those present in the sick, and be given in smaller doses than would produce such effects upon the healthy, and after having found by experience that these doses might be infinitely smaller than would, *à priori*, be expected, he endeavoured to explain the facts observed by the hypothesis that, in the processes of trituration and succussion, latent power was developed. The fact remains, but whether the explanation offered accounts for it is even now a debatable point. That "English homœopathic physicians of repute" do regard the triturations and attenuated tinctures as efficient remedies—when prescribed homœopathically—can be proved any day by reference to the prescription books of homœopathic chemists all over the country.

"In the United States, the home of free institutions and of organisations supporting every heterodoxy whatever, the position of homœopathy is different from what it is here. There it has its own hospitals and schools, where homœopathic therapeutics are exclusively taught and practised. It is recognised as a distinct system of medicine by the law of the land, and its professors have a definite legal and social existence such as they have not anywhere in Europe."

This is perfectly true, and what has been the consequence of the promulgation of homœopathy having had

such opportunities? One-fifth of the medical profession in the United States are openly practising homœopathically. The field for the display of the superior results obtainable from the homœopathic treatment of disease over such as is empirical has been large, and these results have been so conclusive to the thoroughly practical and entirely utilitarian mind of the Americans, that the proportion of intelligent and wealthy families, who, from observing these results, resort to homœopathy whenever they are ill, is so considerable as to afford ample scope for the exercise of the abilities of fully one-fifth of the entire profession of medicine in the United States. And we believe that there is yet abundant room there for more physicians and surgeons practising homœopathy.

Here, in England, hampered as we are by existing corporations, it has been impossible to found an additional licensing board for medical men educated in homœopathic therapeutics. We have had to trust to the presumed desire of medical men to do the best they can for their patients rather than themselves, to induce them to enquire into the possibility of homœopathy providing them with a more effective and safer method of prescribing medicine than that taught in the schools. We have done so with the full assurance that clinical investigation would so convince them of its truth and value that it would in no long time become generally adopted. Wherever such clinical investigation has been pursued by men of free and independent minds, it has produced the effect we have anticipated. But such investigation has been so unscrupulously deprecated by professors, lecturers, and the medical press, while the threats of boycotting all who should openly avow a conviction of the truth of homœopathy as the result of any such investigation by medical societies, the medical staffs of hospitals and the journals of the profession have had so powerful an influence, that the number of those who have openly avowed their faith in homœopathy, or have taken any pains to ascertain its meaning, is far smaller than the public demand for homœopathic treatment in illness requires that it should be. But if the number of those who have openly avowed the truth of homœopathy is small, that of those who secretly practise homœopathically

is well-known to be rapidly on the increase; while yet again the results which have followed the selection of homœopathically indicated medicines that have been published in our text-books and journals have led to the adoption of the same medicines in similar cases by several of the leading teachers of practical medicine. It is true that they have advised such remedies as though their advice was the outcome of their own inspiration, and have entirely repudiated its connection with homœopathy. Nevertheless, the practice of medicine has been improved thereby; the power of the profession to control disease has been increased by such teaching. We know that this improvement, this additional power, is due to the work that we have done—done in spite of the obloquy the doing of it has involved—and rejoice thereat. And though we deplore the meanness and the cowardice of those who, in this dishonourable manner, have appropriated the achievements of homœopathy to enhance their reputations, yet we know, to repeat Dr. Clifton's singularly apt quotation from Shakespeare's *King Lear*, "Time shall unfold what plaited cunning hides." The principle which underlies the choice of such remedies must and will become apparent to those who use them as they reflect on the similarity between the effects they produce on the healthy, and those they are suggested as being curative if in disease. It is by such a process as this—one that must needs be slow in its operation—that we in England depend for the advancement of those views in medicine which we believe that the experience of nearly a century proves, are of the greatest importance in reducing the mortality from, and diminishing the duration of, acute and chronic disease.

Since the foregoing remarks on *The Globe* article were written, an essay by Mr. KENNETH MILLICAN has appeared in *The Nineteenth Century*, on *The Present Position of the Medical Schism*. By the medical schism is understood homœopathy. As might be expected, this paper takes a much clearer and broader view of the situation than that to which we have already replied.

Mr. Millican reviews the history of the antagonism with which homœopathy has been met with great impartiality. He does so, moreover, with a knowledge of what homœopathy means, and possessing some insight into the manner in which its representatives practise.

His object to "do something, if ever so little, towards the healing of the breach" which has been created, is one worthy of all praise.

He traces the opposition we have encountered to the conclusion, in the *first* place, that the rule *similia similibus curentur* was an "axiomatic absurdity," and to its possibility being held to be quite out of the question. He adds that "It is true that all through the controversy, a few great minds, rather more catholic than their fellows, conceived it possible that there might be an element of truth, even in what they could not understand," and in illustration of this he quotes passages from the works of Trousseau, Liston, and Sir John Forbes. He then goes on to say:

"But this contention of the axiomatic absurdity and utter impossibility of the rule can only hold good so long as we are prepared to deny that such a case of the cure of morbid symptoms by a drug producing similar symptoms on the human body in health ever takes place. Prove one single instance and the *à priori* objection vanishes. If it can and does occur in one case, there is no special reason why it may not occur in two, or ten, or a thousand. The whole field of argument has changed, and instead of denying the rule as an impossibility, we can only say that its general application is not proved to our satisfaction. To that it may fairly be retorted by the homœopaths: 'Have you tried it?' It is now no longer a theory to be reasoned about in the abstract, but a question purely of experience. And questions of experience are about the most variable of things."

He then shows, by quotations from their works on *Materia Medica*, that the application of this rule is taught by Dr. Ringer, Dr. C. Phillips and Dr. Lauder Brunton, adding that "it would be easy to multiply such instances."

"Therefore," he proceeds, "this proof of the fact that like *sometimes* cures like, coupled with the admission that the law is of partial application, shows that the question as between 'homœopathic' and other practitioners in reference to a particular rule of drug selection, is no longer one of kind (as it would be were the doctrine attacked held to be a scientific nullity), but one of degree, viz., to what extent the rule is available as a therapeutic aid."

Mr. Millican touches, *secondly*, on "the doctrine of infinitesimal dosage," as a reason for ostracising homœopathic practitioners. The principle upon which a small

or infinitesimal dose is held to be adequate for curative purposes, he thus states:—"That an organ in a morbid condition, or temporarily unbalanced, will respond to the stimulus of a much smaller dose of a given drug endowed with a special action upon it, than would be requisite to influence it in health." This is so far correct, but to it must be added as accounting for the action of such particles, individual susceptibility to particular drugs. That there is both susceptibility and want of susceptibility in certain individuals to certain drugs has been too frequently proved by experiment to allow us to regard it as doubtful. This alone proves not only the existence of matter, but the potentiality of such matter in quantities so infinitesimal as to excite the ridicule of men of the R. B. C. stamp—men who simply ask the question "how can such small doses have any effect?" And, not being able to discover the "how," at once conclude that they have none. The idea of an experiment with a suitable individual does not occur to them.

Mr. Millican here says that he is "bound to admit that with some this principle is carried to, in my opinion, an absurdly ridiculous extent." The extent to which infinitesimal dosage may be carried is, however, not a matter of opinion but of experience. And we do not doubt but that, if Mr. Millican gave an accurately selected homœopathic medicine in a dose which at present he would regard as "absurdly ridiculous," he would be very much surprised with the results he would obtain. He then passes on to show that "here again the essential difference between the 'homœopathic' and the ordinary practitioner is a matter not of kind but of degree." In doing so he says: "We find the ordinary practitioner learning to utilise smaller and smaller doses of drugs; so that quantities are now commonly prescribed which would, forty years ago, have been regarded (and, as a matter of fact, are still so regarded by many veteran practitioners who were educated in the old school) as almost equally ridiculous with those of the homœopaths themselves." Here he instances such doses as 1-3rd of a grain of *grey powder*, 1-160th of a grain of *corrosive sublimate*, 1-36th to 1-48th of a grain of *tartar emetic*, and so on. "These points," he argues, "are enough to show that there is a gradual drawing together of the two schools on the subject of dosage, and that the

difference between them is one, not merely of kind but of degree." Yes, this is true ; but it proves more than this. These very small doses are only operative where the medicine is *prescribed homœopathically*. The dose must ever bear a relation to the principle upon which the medicine is prescribed. It is useless to expect an anti-pathic action from such doses as these. Diarrhœa may be cured with 1-3rd grain doses of grey powder, but never, save, in very susceptible subjects, will purging be obtained from such a dose. When a sub-physiological dose is given there must, as a rule, be a homœopathic relation between the medicine and the condition of the individual taking it for such medicine to have any effect in so small a quantity.

From the conclusions arrived at by his analysis, Mr. Millican contends—

"That the wholesale ostracism of 'homœopathic' practitioners can no longer claim any justification from the plea of an essential incompatibility in methods of practice."

Mr. Millican now proceeds to the examination of "the objections based upon grounds of medical politics and ethics." Quoting from Dr. Lauder Brunton, he defines the first objection under this head as "the doctrine of infinitesimal doses and the 'universal' application of the law of similars." After showing in a brief sentence the untenability of the doctrine of infinitesimal doses as an objection, Mr. Millican, by quotations from Dr. Holcombe, of New Orleans, and Dr. Jousset, of Paris, proves that "universality is not an essential article of faith, nor exclusiveness a matter of practice with the so-called 'homœopaths' as regards the 'law of similars.'"

Finally, the objection raised to professional association on the ground of our designation as homœopaths is exposed with great but no unnecessary fulness.

"Now let us," writes the author, "look back a little into the history of medicine. A therapeutic rule by no means novel, but which had for centuries remained practically buried, was unearthed as it were by a certain section of the medical profession and proclaimed afresh. That rule was the 'law of similars,' and the application of it is fitly called 'homœopathy,' and those who use it to any extent are, *to that extent*, homœopaths. Its applicability, either partial or universal, was at first flatly denied and pronounced absurd by the mass of the profession, and it therefore, not unnaturally,

came about that those who acknowledged it, independently of the extent of their claim, were dubbed 'homœopaths' *by their opponents*. They were also, as a matter of history, anathematised and excommunicated; were deprived of their posts in hospitals, of their chairs at universities, of membership of medical societies, and were thus, in accordance with a law of nature, driven into combination and organisation *in self-defence*. There was then no question of the ethical aspect as a ground of objection; it was purely and simply a refusal to recognise as professional brethren those whose practice was based to any extent at all upon the despised 'law of similars.' On that ground Dr. Rapp, Professor of Pathology and Therapeutics in the University of Tübingen, was dismissed from his chair; Dr. Reith\* was removed from the staff of the Aberdeen Infirmary; while virulent but unsuccessful attempts were made to deprive Dr. Henderson of his post as Professor of Pathology at the University of Edinburgh, and Dr. Tessier of his staff appointment in the Paris hospitals."

Then, "in order to show that the present ground of objection is a complete change of front," Mr. Millican quotes the notorious resolutions passed in reference to association with homœopathic practitioners by the Provincial Medical and Surgical Association at Brighton in 1851, according to which it was declared to be derogatory to the honour of members of the Association to hold any intercourse with—"1st. Real homœopathic practitioners; 2nd.—Those who practise homœopathy in combination with other systems of treatment; 3rd. Those who under various pretences, meet in consultation, or hold professional intercourse with those who practise homœopathy." On this he makes the following comment: "The second of these classes clearly ostracises even those who acknowledge only a partial application of the 'law of similars,' while the last enunciates a course of bigotry and intolerance which I believe it was reserved for the year 1887, in spite of the much wider views we now hold, to attempt to put into action."

The truth of this matter is that their puerile objection to us—that we are called homœopaths—was first made by Mr. Oliver Pemberton, at Birmingham, in a circular issued by him in 1875, when endeavouring—fruitlessly

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\* In the article itself, "Dr. Reith" is printed "Dr. Keith"—an error of somewhat more importance than similar mistakes usually are, as there was a well-known surgeon in Aberdeen of the name of Keith as well as Dr. Reith.—Eds. *M. H. R.*



we are pleased to remember—to exclude homœopathic practitioners from the Medical Institute of that town.\*

*The Lancet*, commenting on Mr. Pemberton's circular, said: "The whole dispute turns upon the assumption by the homœopaths of a name that is calculated to mark them off from the general body of the profession."

In a criticism upon this, at that time novel objection to us, we said:—

"The name has come to be applied to us through the sectarian attitude and gross intolerance of the so-called allopaths. It is submitted to by us lest we should, by denying its propriety, seem to reject the truth of the doctrine, the holding of which has given rise to it. Had homœopathy been investigated calmly and dispassionably on all sides as a therapeutic doctrine, the name homœopathist would never have been known, while the homœopathic method would have been perfected, purified, and thoroughly established on a sound scientific basis long ere this."

This, and indeed much more, is now practically admitted to be a sound contention by Mr. Millican, who writes: "In the face of the facts I have just related, I would ask, 'ought we to complain, can we even be surprised, at the existence of a sectarian designation or of independent organisations?'"

Having in a previous passage compared the relations as to drug treatment between homœopathists and "orthodox" physicians with those now obtaining among surgeons with antiseptic surgery, he here says:—

"It may be objected that . . . there are no Listerian hospitals or societies, no men who dub themselves or permit themselves to be dubbed Listerians or Antiseptists. Granted; but are we so certain there would not have been if Lister had been deprived of his chair at Edinburgh, and if those who did not believe in or use his method had cast out those who did from their societies, dismissed them from their posts in hospitals, and refused to hold any professional intercourse with them whatever?"

A precisely similar illustration was given in the address before the British Homœopathic Congress in 1877, by Dr. Pope, when, after tracing the frequent and general use of the word homœopathist to the fact that homœopathy has never been allowed to be a fitting subject of enquiry through the ordinary channels for the investigation of professional questions, he said, that

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\* *Monthly Homœopathic Review*, vol. xix., p. 251.

had its enquiry been thus propagated, those who adopted it might have come to be known as homœopaths, just as the followers of Brown and Broussais had been known as Brunonians and Broussaisists—a distinction which would have been confined to professional circles and unattended by any professional ostracism. “Oh !” but it was replied “they never attempted to open Brunonian dispensaries and Broussaistic medical institutes.” To this Dr. Pope rejoined : “The followers of Brown and Broussais were never on account of their therapeutic views excluded from filling posts at hospitals and dispensaries. Had they been so, doubtless institutions, where they could have put their views to the test of public practice would have arisen, and having arisen would have been known by some designation more or less indicative of their *raison d'être*.”

To recur to Mr. Millican's illustration. A friend of ours, some three or four years ago, had occasion to engage the services of a well-known operating surgeon for a patient. In discussing the method of procedure, the surgeon said, “I make a point of letting it be known as widely as possible that I do all my operations antiseptically.” “Quite right, too,” was the reply, “but why, then, do you object to me, and others like me, making it known that we prescribe medicines homœopathically ?” That was “a different thing altogether,” of course. But, though tested, he could not point out where the difference lay !

In reply to the question, “How stands the case now ?” Mr. Millican says : “We are told that if those whose practice is more or less based upon the ‘law of similars’ will only abstain from calling themselves ‘homœopaths,’ give up their special organisations, directories and societies, and dismantle their hospitals, the hand of professional fellowship shall be once more extended to them. Individuals have tried it, and with what result ? Why that they are at once accused of dishonourable conduct. Call yourself a homœopath and you are ‘trading on a name’ that is derogatory to the profession. Do not call yourself one and you are sailing under false colours. ‘Heads I win and tails you lose.’”

In this article Mr. Millican, in the capacity of the “candid friend,” has told the profession some wholesome truths, and by publishing them in a widely-read popular

magazine has displayed to the public gaze the hollowness and utter insincerity of the reasons alleged by medical men for refusing all professional intercourse with homœopaths. Such a paper as his would have been suppressed by either of the leading medical journals, and we are not sorry that its being well known that it would have been so has led to its publication in a periodical enjoying a large general circulation. There is nothing that the ordinary medical opponent of homœopathy dreads more than the discussion of the therapeutic method he ignorantly hates *in foro populi*. The attitude he has assumed towards it, and those who from experience believe in its truth, will not stand the test of ordinary common sense being applied to it. This he knows full well. The public, however, are perfectly well able to judge of practical results; are quite capable of knowing whether a method of treatment in cholera followed by a mortality of 16.8 per cent. is more or less desirable than one where the mortality rises to 51.0 per cent. The public are quite capable of forming an opinion of the relative merits of methods of treatment under which the patient is ill for 12 days and 32 days respectively—as in pneumonia. While as to the motives which actuate the “R. B. C.’s” and the “J. B. C.’s,” the Thudichums and the George Johnsons in their coarse and insolent treatment of homœopathic practitioners, the public are also very fair judges—as outsiders they naturally see most of the game!

We thank Mr. Millican for his temperate and impartial survey of the position of the schism which has been created by our opponents, we hope that it will do much to heal the rent, and are especially glad that so admirable a statement of the case for homœopathy should have appeared in *The Nineteenth Century*.

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## REVIEWS.

*A Cyclopædia of Drug Pathogenesis.* Edited by R. HUGHES, M.D., and J. P. DAKE, M.D. Part vii. *Conium—Ferrum*. London. Published by The British Homœopathic Society by E. Gould & Son, 59, Moorgate Street, E.C. 1888.

STEADILY, and with a rapidity and regularity on which we must again congratulate the editors, this grand store-house of the facts of drug pathogenesis goes on enlarging.

In the number before us, we have our old friend *conium* completed, and followed by a newer one *convallaria*, the provings of which are only three in number, but they were carefully made under competent supervision, and a study of them would enable the physician to obtain some idea of the cases in which it may be used with advantage. It is, however, a drug, the properties of which are worthy of still fuller investigation. *Copaiva* comes next, then *coralium*, after that *crocus* followed by *crotalus*—for the very thorough study of which we are so much indebted to Dr. Hayward—then comes *croton*, that disappointing drug *cundurango*, the invaluable *cuprum* and its salts, *curare*—the provings of which were made on students of the Boston University, under the superintendence of Dr. Conrad Wesselhœft,—*cyclamen*, *digitalis* and *digitaline*, *dioscorea*, *drosera*, *dulcamara*, *elaterium*, brief notices of *epiphegus*, *equisetum*, *eucalyptus*, *eupatorium* and *euphorbia*, concluding with *euphrasia* and a portion of the proving of *iron*.

Here then is ample material for study until the next part comes out, and that we may be sure is already somewhat advanced.

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*How to Study Materia Medica.* Three Lectures by C. WESSELHÆFT, M.D., Professor of Pathology and Therapeutics in Boston University School of Medicine. Boston: Otis Clapp & Son, 3, Beacon Street. 1887.

At the last Congress of British Homœopathic Practitioners the subject of *Materia Medica* was discussed, especially from the point of view of *The Cyclopædia of Drug Pathogenesis*. This great and important work was regarded as of infinite value to the student, but as being one of little service to the busy practitioner; and some book was demanded in which the records of the *Cyclopædia* should be so arranged as to be available at a moment's notice. In reply to this, some speakers urged that each practitioner should make such a book for himself, from his personal study of the text. We are reminded of this discussion by the perusal of the three admirable lectures before us. The key-note of Dr. Wesselhœft's teaching is reliance upon self-help—and its object is to show how this may be carried into effect, how a man may so study the *Materia Medica* as to have the results of his study always with him in his memory, or before him in his manuscript. He gives a plan for the study of a drug as set forth by Allen, and another for the arrangement of one in the *Encyclopædia*. He proposes that a student should read, say, three or four pages of a long series of narratives, such as that relating to *belladonna*, and condense them; and having done

so, separate and arrange the symptoms according to anatomical regions or organs, after the manner of Hahnemann, "a careful analysis of each set of symptoms will," he says, "impress them upon your minds. But remember," he adds, "it will not benefit anyone but the student who made the analysis." A little further on he says "let us suppose that one of you who had neither attempted proving upon himself, nor had read the pathogenesis of *belladonna* in Allen's work, or elsewhere, should attempt to study the condensation of the head symptoms, as quoted before; he would get a poor idea of the subject; but to me, who wrote it, it recalls at once the details."

In the third lecture Dr. Wesselhœft dwells upon the analysis of symptoms, a most important and—for the practice of homœopathy—essential part of the study of a drug's action. It is by a careful analysis of the symptoms—the part affected, the manner of the affection, the times of the occurrence of the affection, and the conditions under which the pain occurs—that we are able to differentiate our remedies, to know which of three or four similarly acting drugs is the one most homœopathic to the case we desire to prescribe for. With some useful suggestions for comparing the symptomatology of groups of remedies, Dr. Wesselhœft closes his trio of most instructive lectures. We would advise every young practitioner to obtain a copy of these lectures and guided by the suggestions they contain to study the *Cyclopædia of Drug Pathogenesis*.

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## MEETINGS.

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### WESTERN COUNTIES THERAPEUTICAL SOCIETY.

MEETING HELD AT 1, LANSDOWN PLACE, CLIFTON,  
January 7th, 1888.

*Present*—Dr. E. Williams, Dr. S. Morgan, Dr. Bodman, Dr. T. D. Nicholson (Clifton); Dr. A. S. Alexander (Plymouth); and Mr. Norman (Bath).

*New Member*—Dr. Vawdry, of Plymouth, was elected.

A vote of sympathy with Mr. K. Millican in his recent persecution was proposed and carried, and it was further resolved to contribute to his Defence Fund.

Mr. NORMAN, of Bath, read a short paper entitled *Tubercles Mesenterica*, in which he grouped together a series of pathological processes occurring in the digestive organs of children, associated for the most part with enlargement of the mesenteric glands. These were catarrh, ulceration and tuberculosis of the mucous membrane, caseation of the mesenteric glands, and general abdominal tuberculosis (tubercular peritonitis).

The various symptoms and morbid processes were first dealt with, mention being especially made of the difference between an attack of catarrh occurring in a child of good constitution and in one with a scrofulous constitution. In the former case the attack was seldom prolonged; there was rarely pyrexia, and the mesenteric glands, enlarged by the intestinal irritation, speedily resumed their normal condition when the attack was over. In the latter the attack was tedious, generally going on to ulceration of the mucous membrane; there was always pyrexia, and the mesenteric glands, instead of recovering their normal condition, often became caseous.

Attention was also drawn to the difficulty of diagnosing a protracted intestinal catarrh occurring in a scrofulous child from a case of true tuberculosis, and how the former condition seemed occasionally to merge into the latter, the disease terminating very frequently in tubercular meningitis. The difference of temperature in these various conditions was shown and illustrative cases were described.

Amongst the points of general treatment, such as warm woollen clothing, a mild climate, nourishing diet, &c., mention was specially made of the value of raw meat in nearly all cases and the desirability of giving little or no milk when ulceration had set in. As to medicinal treatment, the various diathetic medicines, such as *calcareo*, *sulphur*, *iödine* and *silicea* were first dealt with, and then the special indications were given for these and other remedies.

*Iodine* has not much control over the catarrhal and ulcerative condition, but is useful as an intercurrent diathetic remedy where there were glandular implications and a sanguine temperament.

*Sulphur* is not only a good diathetic medicine, but it also meets the full development of the changes in the mucous membrane. It is useful both in the catarrhal condition with gastric derangement and acidity and in the irregular condition of the bowels associated with chronic ulceration.

*Calcareo*, besides its diathetic action and power over glandular enlargements, has also a direct influence on the mucous membrane. It is indicated in acid dyspepsia with acid smelling, pasty, clay-coloured stools of chronic diarrhoea, especially if there is the accompaniment of sweating of the forehead. If any medicine has an effect on true tuberculosis it is *calcareo* in its various preparations and dilutions.

*Silicea*, besides its power over the diathesis and the glands, is especially useful when the bowels are alternately costive, with difficulty of expulsion, and then relaxed, with slimy, putrid-smelling stools, sometimes containing blood, the

abdomen hard and distended, and the head bathed in sour perspiration.

In catarrh of the upper part of the intestinal tract the preparations of *antimony* are very useful, but the action of *ant. tart.* also extends to the lower bowel; urging to stool and slimy diarrhœa being amongst its symptoms.

When the catarrhal condition has passed into ulceration, with thin watery stools, restlessness, night sweats and much exhaustion, *arsenic* is invaluable, and when the stools are dark and putrid-smelling, with spots of blood, indicating inflammatory diarrhœa, *merc. corr.* is also very effective.

*Rhus* may be required when the disease assumes a typhoid character with muttering delirium.

*Phosphorus* produces catarrh of the mucous membrane through the whole length of the intestinal canal, going into ulceration, with liquid slimy stools containing blood, but it did not seem to be used as much as it might in these cases.

*Baptisia*, although producing similar lesions in the intestinal canal, and useful in an analogous condition in adults, did not seem so effective in children.

Indications were given for some few other medicines, such as *borax*, *lachesis*, *rheum*, &c.

A discussion followed in which Dr. E. WILLIAMS recommended *baptisia* in the later stages of diarrhœa, though he had found it useless in tuberculous cases.

Dr. MORGAN approved of *lycop.* 30 in chronic diarrhœa, and *sulph.* in slimy stools.

Dr. ALEXANDER, of Plymouth, had found *ars. iod.* 8x good in commencing pulmonary cases, and *silicea* for receding stool.

Dr. BODMAN had tried *hydrastis* with good effect in chronic diarrhœa.

Dr. NICHOLSON had seen early cases with wasting improve rapidly under *iodine*, and strongly recommended raw meat pounded.

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## NOTABILIA.

### THE INVESTIGATION OF HOMŒOPATHY.

A CORRESPONDENT in *The Observer* (Jan. 29), signing himself "Q," sets out to show that homœopathy is opposed to common sense. As credentials of fitness to undertake the task he introduces himself in the following sentence, "I have been engaged for more than half a century in the study or treatment of disease. I have made myself thoroughly familiar with the progress of the art that I follow. I have investigated the teachings and the practice of homœopathy.



I have even read through the voluminous correspondence in *The Times*." In the exposition of his views as to what homœopathy means he proves clearly enough that his investigation of homœopathy has taught him little or nothing. For example, he assumes that in giving chloroform to produce insensibility to pain during an operation homœopathy would direct the smelling of the stopper removed from a bottle which had contained some! The difference between the quantity of a drug needed to produce its physiological effect, and that which is adequate for therapeutic purposes, when homœopathy is the basis of the therapy, he fails to perceive! Hence his investigation must have been of a very sorry and imperfect kind. Many, doubtless, have, as they think, investigated homœopathy, and have done so with a like result. The perusal of an article in *The Lancet* or *The British Medical Journal* bristling with erroneous notions and ill-temper suffices as an investigation for some. Others satisfy their consciences, if they do not accurately inform their minds, by reading Simpson's *Homœopathy: Its Tenets and Tendencies*, or Dr. Barr Meadow's hash of the same, which he entitles *The Errors of Homœopathy*—and conclude by saying "Ditto" Dr. Simpson or Meadows as the case may be. Others again—as "Q" appears to have done—take a peep into Hahnemann's *Organon*, and seeing there a great deal that runs counter to their preconceived notions of the fitness of things, stated in an exceedingly dogmatic manner, conclude that they have sufficiently investigated homœopathy by a perusal of that remarkable book.

The investigation of homœopathy is, we contend, not represented by either of these proceedings. It is not indeed represented by reading any accurate presentation of what homœopathy means, written by men who are practically acquainted with it. So much is of course necessary, and it is the duty of every medical man who desires to know how to do the best that can be done for his patients, to do so much, but if his enquiry stop here it has been no investigation.

"In judging of the value of a therapeutical method the one and only criterion is success," says Professor Burdon Sanderson. The object of any investigation of homœopathy is to know whether it presents a more successful basis for the selection of medicines than any more generally known and followed. This can only be ascertained at the bedside and in the consulting room. Unless an enquirer into the merits of homœopathy either watches the homœopathic prescriptions of others or prescribes homœopathically himself for a certain period of time and compares the results he sees or obtains with those he was accustomed to secure when prescribing

medicines after the manner taught in the schools, his enquiry does not amount to an investigation. Some physicians, on being pressed to treat a few of their patients homœopathically by way of experiment, would protest against doing so as something immoral. They would argue that they have no moral right to give to a patient, as remedies, substances which they do not believe will do him good. In the first place, bread pills have long formed a favourite prescription with many physicians, and Sir William Gull advocated the use of mint-tea in acute rheumatism. Not that either the bread-pills or the mint-tea were regarded by those who prescribed them as efficient therapeutic agents, but because they have felt obliged to give something, and were anxious not to do any harm! Physicians of this type cannot surely entertain any deeply-rooted conviction of the immorality of giving as medicines, substances which they only think, but do not know, are inert!

Then, *secondly*, homœopathically selected medicines are attested as valuable by an enormous weight of skilled evidence. It is, in reality, no experiment that a physician is making when he prescribes homœopathically. The experimental stage of homœopathy has long since passed away.

But supposing the case of a physician, who never gives a medicine which he believes to be without active properties, and who does not realise the fact that a homœopathically prescribed medicine is no longer an experiment, while he regards an experiment in medicine-prescribing as immoral—albeit some authority of weight has said that every dose of medicine given is an experiment—there remains even to him an ample field for clinically testing homœopathy and that in a very crucial manner. Every practitioner of medicine has under his observation from time to time patients for whom he has vainly prescribed medicines he has believed to be likely to be useful for them, until his resources are fairly exhausted. He knows that he cannot benefit them with medicines. Let such an one then, either with the assistance of a homœopathic practitioner, or aided by Dr. Hughes's *Pharmacodynamics*, endeavour to find the medicine most homœopathic to his patient's condition and with a frequency that he has but little idea of he will succeed in relieving him. Again, in acute disease how often does it not happen that a time arrives when the physician is obliged to admit that medicine is of no further service, that all has been done that can be done. Here, too, by taking the same course, many a life would be saved. In such cases a practitioner is not only justified in availing himself of the homœopathic rule of drug selection—but it is

his bounden duty to do so. Until he has done so, he has not exhausted the resources of the art of medicine.

The selection of such cases in which to test the value of homœopathy is indeed a severe one. But it is the success which has followed the adoption of homœopathy in cases of this kind that has induced a large number of medical men to make homœopathy the basis of their general practice; it is the success which has followed the transfer of such cases from the care of a non-homœopathic to those of a homœopathic practitioner that has laid the foundation of many a homœopathic practice. The success of homœopathy is attributed to a variety of causes by those who know nothing about it and refuse to examine into its merits, but the real cause of its success is to be found in a very large proportion of instances in the recovery of patients under homœopathic treatment whose cases had either been abandoned or regarded as hopeless by those medical men under whose care they had previously been.

Let, then, the investigator of homœopathy first of all learn from some experienced authority how it can be put into practice, and then test it at the bedside. Until this clinical test has been applied an investigation of homœopathy has not been made.

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### ODIUM MEDICUM.

Our contemporary, *Nature*, devotes a leading article to this recently much debated subject. The writer of it appears to have absorbed Dr. Lauder Brunton's preface with tolerable completeness, for his article is but a popular version of that singular composition. "The essence of his (Hahnemann's) system of homœopathy," we are once more told, "consisted in the universal application of the rule regarding the similar action of the drug to that of the disease, and in the smallness of the dose." Again, "the most remarkable instance of a fallacy in Hahnemann's conclusions," it is said, "appears in his famous experiment on the action of *cinchona bark* in producing ague, which has been regarded by homœopaths as one of the most important proofs of the truth of his system. Hahnemann at one time of his life had suffered from ague, as we learn from Ameke's *History of Homœopathy*, but he had probably been free from it for some time before he made his experiment with *cinchona*. It is well known that persons who have once suffered from ague are apt to have it return when their digestion is disturbed, or when they are suffering from depressing influences. The dose of powdered *cinchona* which Hahnemann took was very large, and similar doses have produced in other people vomiting and gastro-intestinal

irritation. In Hahnemann, it produced symptoms of ague, but instead of concluding that the *cinchona* had simply brought back an attack of his old enemy, by acting as an irritant to his stomach, he concluded that *cinchona* had a specific power to produce ague. Others who have tried the experiment, and who have not had ague before, have naturally failed."

This is Bruntonian, thoroughly Bruntonian! It is, we believe, true that Hahnemann did have ague in 1779, when at Heidelberg; there is no record, that we are aware of, of his having had any return of it. In 1790 or 1791, when his experiment with *cinchona bark* was made, he was in good health. Supposing the cause of the symptoms he experienced were that of an irritation of the stomach, such as might be produced by "pork-pie," to use Dr. Brunton's example, it is not a little singular that any gastric irritation which might have caused such symptoms should have been provoked by the very drug which cures them, when arising from exposure to marsh miasma. But the evidence that *cinchona* and its alkaloid quinine do excite symptoms resembling intermittent fever, is too overwhelming to admit of any doubt as to the accuracy of Hahnemann's judgment as to the cause of those he experienced. As we pointed out in our criticism of Dr. Brunton's preface, physicians attached to quinine manufactories in France and Germany have reported the workmen as being subject to a fever closely resembling ague, not curable by quinine, but only by removal from the factory. Writes Dr. Weitenweber, of Prague (*Österreichische Wochenschrift*, March, 1884) "the so-called cinchona-disease offers a strong analogy to intermittents." Other writers who have enjoyed opportunities for observing this action of *cinchona*, Dr. Lachmann, Professor Schroff and Stark, Trousseau and Pidoux, and Brettonneau all testify to the similarity between the fever excited by *cinchona* and that which is known as intermittent. Nevertheless, Dr. Brunton, or some one acting under the influence of his inspiration, calmly informs—or rather misinforms—the readers of *Nature* that "others who have tried the experiment, and who have not had ague before, have naturally failed." The records of practical hygiene and medicine on the Continent tell a totally different tale.

The pleasantness of the medicines given, the restricted diet which we are, nevertheless, told, "allowed the desire of the patient for food and drink to be gratified within proper limits," and the confidence of the physician in the potency of his remedies, "had a great advantage over allopathy." When, however, the patients were children, or cattle, or horses or dogs, or when the disease was such as cholera or yellow fever,

an influence of this order would be of no avail. And yet among children and the lower animals, and in such diseases as cholera and yellow fever some of the greatest triumphs of homœopathy have been won !

Allopathy we are told "depended simply on the results of experiment"—yes, experiments on the sick, and very fatal experiments they often were. "Its followers," it is added, "were still searching after truth." So they are, but they have persisted and still persist in searching for it in the wrong direction. "Orthodox practitioners," it is said, "aim at a rational practice founded, on the one hand, upon the knowledge of the nature of disease, and on the other of the action of remedies." This is precisely the position of the homœopaths ; but when they have learned the nature of disease, and have become acquainted with the action of remedies—not on dogs, frogs and cats, but—on the human body, they also know how to apply the one to the other. The link between the two which, to the practitioner who boasts of his orthodoxy, is missing, they possess ! When our "orthodox" friends fail, they fall back, it is here said, "on empiricism." This phrase "on empiricism" is a euphemism in most cases for Dr. Hughes' work on *Pharmacodynamics* ! It is on that book that many of them now fall back to know what the homœopaths have found useful in the disorders they cannot cure !

Then follows an apology or an excuse for the ostracism of homœopaths, one precisely similar to that which Mr. Millican has, in *The Nineteenth Century*, so completely shown the *mala fides* of, that having drawn attention to it elsewhere, we need not here allude to it.

The article concludes by stating that "it is very unfortunate that the *odium medicum* should exist, but homœopathy seems more to blame for it than the followers of rational medicine"—whatever that may be. Let anyone who is disposed to agree with this conclusion read page 271 of *The Nineteenth Century* for February.

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## ODIUM GRIMTHORPIUM ; OR, THE BATTLE OF PILLS.

PENDING the Appeal, with a big A, which was to be brought by the big pills of the Profesion, with a big P, against the injunction of Mr. Justice Manisty preventing their trampling upon Dr. Millican for being so unprofesional, with a little p, as to dally with little pills, everybody who had ever given or taken a pill, or seen or heard of a pill, wrote to the *Times*. Two of the big pills sent long letters, which they signed with their initials, because they said we don't want to advertise ourselves ;

and besides, anyone seeing our initials, A.S.S. or A.P.E. will at once know who we are, and if they don't they had better find out. So they sent column after column to prove that the wise man called Grimthorpe was a very dreadful and ignorant man, and that it was most improper for him to talk in the way he did. They went on to say that the wickedness of people who gave little pills lay in the fact that, if a patient had a cough, they gave him something to take it away. They also said that the essential difference between themselves and the little pills lay in the fact that the latter regarded a cough as a cough, and, as such, a thing to be taken away ; but, on the other hand, they only proceeded to take away a cough after that they had established the source and origin thereof by the light of Pathological Science, all in capital letters. Now, a little bird who looked on was thunderstruck at the words pathological science, so it went and looked out the expression in a dictionary, and found that it only meant "*post-mortem* examinations"—only this, and nothing more ; and it seems to have told this to wise man Grimthorpe. So presently, tomahawk in hand, and hitting about everywhere, the rebellious and contumacious Grimthorpe comes and says that when he has a cough he wants something to take it away, and fails to see the use of pathological science, or of any other kind of path, which does anything else than take it away.

Then A. double S. and A.P.E. wrote to point out how shocking it was to talk like this, as if big pills and pathological science were not, without doubt, the proper thing. But they never gave any proof of or reason for anything they said, only that it was all medical science. So an able man, called Sceptic, wrote to the *Times*. Now this man, unfortunately for the big pills, had an awkward knack of reading books about pills and medical science, and he made some flippant remarks about the latter which made the big pills very angry ; and if there was one odium particularly plusquam Grimthorpium, it was the odium Scepticum.

While all this was going on, the Appeal, with a big A, which was made against the decision of Mr. Justice Manisty, came on ; and it was decided after all that, legally speaking, the big pills can do as they like—as indeed they always can and always do. But it didn't matter a bit what Law said in this case, for the public were able to see that it was only Position, with a big P, that supported the big pills, and that they had no other leg to stand on, the pathological and scientific ones being found upon dissection to consist of post-mortem examinations, which most people wish to Avoid, with a big A.—*Vanity Fair*, January 21st.

## THE CROWN PRINCE OF GERMANY.

THE history of this unfortunate case does not reflect much credit on medical science. Even its diagnosis—and diagnosis nowadays is supposed to have something of scientific accuracy about it—has been the subject of a variety of opinions, while its therapeutics has culminated in a tracheotomy, in itself a mere palliative, and a strong indication of how little medicine, in the limited sense understood by the leading physicians of the time, both at home and abroad, can do to check a laryngitis or a perichondritis. Here is what our contemporary, the *Hospital Gazette* says about the case:—

"The Crown Prince's malady still sorely puzzles the doctors, and no one appears to be able to determine the exact nature of the disease. The operation of tracheotomy which was performed last week has been attended with much success as regards the relief of the obstruction to breathing, and no unpleasant complications have resulted. Sir M. Mackenzie is said to have made the following statement a few days ago:—'I can only say that medical science does not now permit me to express any other opinion than this—the malady of the Crown Prince is a chronic deep-seated inflammation of the larynx, to which is added perichondritis.' On the other hand the German surgeons adhere to their original opinion that the disease is undoubted cancer. As to the perichondritis it is just possible that the numerous intra-laryngeal operations and manipulations which the Crown Prince has submitted to may have been an important factor in its causation. In such a delicate organ the stripping of a very small surface of the cartilage of its mucous and sub-mucous coverings may set up inflammatory action resulting in death of cartilage, just as death of bone takes place as a consequence of periostitis."

Had those in charge of H. R. & I. H. in the early history of his illness only known the value of and how to use *aconite*, *hepar sulphuris*, *potassa bichromas* and *iodine* in such a case, how much suffering might have been saved, how needless have been all the surgical manipulations which the of mere therapeutic empiricism has rendered

ment of this case appears to justify the President of the College of Surgeons (Mr. Savory) in confessing, at a recent meeting of the British National Association, which was opened by an address from the President, that in his profession, "the faith in the efficacy of drugs was steadily declining." It is not, however, the lack of faith in the efficacy of drugs that we believe to be the fault of faith in the existing manner of using and abusing them. Drugs are valuable, invaluable agents in



the treatment of disease, provided their influence on the human body is understood, and, provided also, that they are given to the sick on a sound and well proven basis. Had drugs, calculated to arrest the early development of those morbid changes, which have culminated in a perichondritis, together with some degree of necrosis of the laryngeal cartilages, been prescribed in the first instance, we should have heard but little of the illness of the Crown Prince of Germany. That as much might have been done is within the experience of most homœopathic practitioners. But the study of the action of drugs on the healthy human body, and the application of them in disease by the light of the principle of similars, are ignored by physicians and surgeons, whose experience in the employment of medicines with the pathogenic action of which they are but slightly acquainted, in a manner which can only exert a palliative influence on disease, has led to a decline in their faith in the efficacy of drugs under any and all circumstances, and unhappily for sick humanity, they are content with this loss of faith.

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#### EIGHTH ANNUAL REPORT OF THE SOCIETY FOR THE PREVENTION OF BLINDNESS.

From this report we learn that during last year the Society has published three new pamphlets, of each of which 2,000 copies have been printed. Their titles are *How to Preserve the Eyesight*; *Care of the Eyes in Infancy, Youth, Manhood and Old Age*; and *Spectacles*. In addition to these 1,000 copies of the last report and 5,000 of *Lists of Works* have been issued, while of some of the more valuable of the pamphlets previously published 8,000 copies have been printed. The Society's publications during the eight years of its existence now number 144,000.

The report further directs attention to the good that may be done by the tracts and papers being more generally distributed, and made practically known among the poorer and more ignorant classes by clergymen, medical men, district visitors, and bible-women, in fact by any one who has at heart the welfare of the working classes.

This indeed has been the work which the Society has been engaged in—that of providing plain instruction in simple words regarding the management of the eyes for distribution among the poor. Those whose special occupations bring them in contact with the poor would be doing them a real service by placing these tracts before them.

The Society was represented at the Hygienic Congress at Vienna, and the exhibits of the Society were presented to the Hygienic Museum, which is being established in that city.

A course of twelve lessons in physical education were given at the Blind School of Kilburn, under the direction of the Society, by Madame Bergmann Osterberg.

The publications of the Society have been introduced into India, and circulated throughout the country by the Honourable Chief Justice at the Court of the Maharajah Holkar. From New York, Zurich, Dublin, and from Scotland, gratifying evidence has been received of the good work the Society has accomplished.

The last paragraph contains an announcement which very many will read with regret. In asking for some one to undertake his work as hon. secretary and treasurer, Dr. Roth informs his friends that he intends to retire from practice this year, and will probably spend the remainder of his life on the Continent. That he has abundantly earned the leisure he proposes to take, no one, who has known anything of Dr. Roth's career in England during the last forty years, will doubt. His energy, zeal, and activity, and his genuine kindness to all who have come into contact with him will long be remembered in England. We trust, too, that many years of usefulness yet remain to him, and that, if no longer resident amongst us, he will be a frequent visitor, while we are sure that he will be a very welcome guest.

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#### ON THE MEDICAL CONTROVERSY.

WE understand that a lecture, "On the Medical Controversy of the Day," will be delivered by Dr. COOPER, at the rooms of the Balloon Society, St. James' Hall, on Friday, the 2nd inst., at 8 o'clock. We hope that there will be a useful and interesting discussion.

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#### THE NEW MEDICAL ASSOCIATION.

THE Council of the recently formed association of practitioners who accept the homoeopathic principle in therapeutics, will be held on Thursday evening, the 8th inst., at 8 p.m., at the London Homoeopathic Hospital.

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#### OBITUARY.

##### ROBERT EDWARD PHILLIPS, B.A., M.D.

WITH much regret do we announce the death, at the early age of 39, of Dr. Phillips, of Bromley.

Dr. ROBERT EDWARD PHILLIPS was the eldest son of the late Dr. Edward Phillips, of Harley Street. After receiving a good general education he was entered at Clare College, Cambridge, where he took his B.A. degree in 1870. From thence he passed to Edinburgh, and in 1874 received the M.B. and C.M. degrees, proceeding to M.D. in 1876. Shortly afterwards he settled in practice at Bromley, in Kent. Inheriting from his

father a large share of that tact and acuteness of perception, by the possession of which he was so distinguished, and giving himself up entirely to the duties of his profession, Dr. Robert Phillips, it will be easily understood, achieved a remarkable degree of success in practice and acquired a widely spread popularity in Bromley and the surrounding neighbourhood. In recording his death, a local paper says:—"Though still a young man, Dr. Phillips lived long enough to gain the esteem and regard of all with whom he was acquainted, and his cheerful face and pleasant manner has cheered many a home of sickness."

His death, from diabetic coma, was quite unlooked for. He had a severe attack of asthma in October; this was followed by quinsy; and again he took a severe cold about a fortnight since, which resulted in what he regarded as an attack of rheumatic gout, such as he was liable to now and again. He continued to see his patients throughout each illness until the 10th ult. On the 19th ult. he had a severe rigor, which continued during the greater part of the day. On the morning of the 20th the servant, on going to his room, found him insensible. He was, indeed, in a state of coma from which he never completely rallied. Two neighbouring medical men, Drs. Chatterton and Beeby, were summoned, and by the means used a certain amount of reaction was established. Dr. Dyce Brown and Dr. Gutteridge saw him during the afternoon. He was insensible, his breathing shallow and quick, with a feeble pulse of over 130, the lungs congested and the heart very weak. One of the medical men summoned in the morning on examining the urine found it of a sp. gr. of 1.030, and to contain a large amount of sugar.

Dr. Phillips was a widower, his wife having died about two years ago. He leaves three orphan children.

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## CORRESPONDENCE.

### COTTAGE HOSPITALS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—It was with much pleasure that I listened to Dr. John D. Hayward's paper on the *Use of Drugs in Surgical Cases*, read at the Homœopathic Congress in Liverpool in September, 1887, and I was pleased to see the paper given *in extenso* in the *Homœopathic Review* of January, 1888.

Dr. Hayward says: "But the unwillingness of homœopathic general practitioners to attend cases mainly surgical, or to employ personally any surgery required, has had a deleterious effect upon our reputation with the public, and has caused what surgery is absolutely necessary amongst our

patients to go—or even to be pretty generally sent by us—to the allopathic surgeons of our neighbourhood.”

In the discussion which followed, Mr. Butcher, of Windsor, “thought that the bounden duty of every homœopath was, as far as possible, to use the abundant supply of surgical talent which they had in their own ranks. He looked forward to surgery amongst homœopathic practitioners as a growth which would develop very largely. Lately he had seen great benefit from it, especially in cases of urethral disease, and he was perfectly certain for himself he would sooner put a patient under some less skilful homœopath than he would under the most skilful operator in the world who knew nothing of homœopathy.

Now, it has occurred to me, that the very best way to further the interests of homœopathy and the advancement of surgical skill, assisted by the benefits of homœopathic preparatory and concomitant treatment, would be obtained by utilising the idea of establishing homœopathic cottage hospitals in places wherever there is a homœopathic medical practitioner.

The cost of maintenance for a cottage hospital of about six beds need not be more than between two and three hundred pounds yearly. Such little hospitals are now studded over the kingdom very generally.

In the February number of the *Review* there is a notice of the opening of a homœopathic cottage hospital, six beds and two cots, at Eastbourne, which owes its existence to the philanthropy of the Misses Leaf. Others exist at St. Leonards and Plymouth; but these are still too few, and I feel convinced that the cause of truth in medicine, and benefit to the community, and a wider knowledge of the advantages of homœopathy by the public, would result from such a policy being carried out. I do no more now than make this suggestion. Full information concerning cottage hospitals, their origin and conduct, may be obtained by the perusal of a work entitled “Cottage Hospitals,” by Henry C. Burdett.

Yours faithfully,

Huddersfield, Feb., 1888.

DAVID RIDPATH, M.D.

[That there are fully competent operating surgeons practising homœopathy the last and present numbers of this *Review* attest. Surgery, however, requires to be kept up by a more or less constant practice, otherwise the manipulative skill required will gradually fade away. To secure its preservation, cottage hospitals would be invaluable, and we commend the consideration of their establishment, especially in the manufacturing districts, to those of our colleagues residing in such parts of the country.—Ed. M. H. R.]

# DEFENCE FUND MILLICAN v. SULLIVAN.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Since my letter of last month the following subscriptions have been received for the defence fund of Mr. Millican :—

	£	s.	d.		£	s.	d.
F. Bennoch, Esq. ...	1	1	0	Dr. C. B. Ker ...	2	2	0
A. P. Bax ...	1	1	0	" J. Galley Blackley	1	1	0
Per Dr. Dudgeon—				" Harriss ...	1	1	0
Lady Caird ...	1	0	0	" Ogden Jones ...	1	1	0
Mrs. S. ...	1	1	0	" T. W. Burwood ...	1	1	0
Dr. Flint, Scarboro' ...	1	0	0	F. Rosher, Esq....	1	1	0
" Cameron ...	1	1	0	A. E. Chambre, Esq. ...	1	1	0
Per Miss Durning Smith—				Messrs. Whitehead & Sons	1	1	0
A Friend ...	3	0	0	Beatrice ...	0	5	0
Ditto ...	2	0	0	Dr. Stuart ...	1	1	0
W. J. Kingsbury, Esq... 1	1	0	0	" Gordon Smith ...	1	1	0
Rev. C. J. Hill ...	0	10	0	" A. E. Hawkes ...	1	1	0
T. W. Nunn, Esq. ...	1	1	0	" J. Stanley Wilde ...	1	1	0
Dr. E. A. Bridger ...	1	1	0	W. M. Cross, Esq. ...	2	2	0
" T. Skinner ...	5	0	0	G. A. Cross, Esq. ...	1	1	0
Per Major Morgan—				Nursing Staff of the			
Sir Daniel Cooper ...	5	0	0	Lond. Hom. Hospital	2	2	0
Dr. Maxwell Bath ...	1	1	0	Dr. Wolston ...	1	1	0
Mrs. Maxwell ...	1	1	0	" A. S. Alexander ...	1	1	0
Mrs. Wilmer (2nd don.)	0	10	6	" A. M. Cash ...	1	1	0
E. H. Laurie, Esq. ...	0	10	6	" E. Williams ...	1	1	0
Mrs. Rowley ...	1	1	0	" G. Norman ...	1	1	0
Dr. Washington Epps...	1	1	0	" T. D. Nicholson ...	1	1	0
W. H. Richardson, Esq.	10	0	0	" J. H. Bodman ...	0	10	0
J. P. Stillwell, Esq. ...	1	1	0	" R. H. Fallon ...	0	5	0
Dr. Guinness ...	0	10	6	Leath & Ross ...	2	2	0
" J. W. Hayward ...	1	1	0	A Medical Friend ...	1	1	0
" Mahoney ...	1	1	0	S. Sugden, Esq....	2	0	0
" L. Edwd. Williams	1	1	0	Per Dr. Pope—			
" W. A. Kennedy ...	1	1	0	Dr. Gibbs Blake ...	1	1	0
" J. T. Finlay ...	1	1	0	Dr. T. H. Hayle ...	0	10	0

These, added to the amounts previously acknowledged, make a total of £188, which is just £100 short of Mr. Millican's bill of costs.

Under these circumstances I appeal once more, and for the last time, for further support of the Defence Fund. It will be noticed that several subscriptions have been received from medical men other than those belonging to the Homœopathic Medical School, often accompanied, I am happy to say, by encouraging letters, of which the following is a specimen :—

" My dear Major Vaughan Morgan,—With great pleasure I forward a small contribution to the Millican fund, of which you are so kindly treasurer. I won't inflict on you my 'views' about any 'pathy;' but my feeling is that *medicine is part of a science*. The Colleges are great stumbling blocks in the way of its being universally acknowledged to be such. These Colleges, with their paltry and melancholy 'vested interests,' I hate.—Believe me, yours faithfully, T. W. Nunn."

Yours truly, W. VAUGHAN MORGAN.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

O. V.—There is no valid reason for connecting cider drinking and stone in the bladder as cause and effect. Mr. Cadge, of Norwich, in some statistics relating to the local distribution of stone, made some few years ago, showed that while in Norfolk the death rate from stone during five years was 1 in 42,744, in Worcestershire it was 1 in 73,100; in Gloucestershire, 1 in 135,765; in Herefordshire, 1 in 150,900; in Somerset, 1 in 193,070; and in Devon, 1 in 196,426. On the other hand, rheumatism, or rather rheumatic arthritis, prevails very largely in cider drinking countries. A very large proportion of the agricultural labourers over 50 years of age are more or less crippled by it.

We are requested to state that a Homœopathic Dispensary has been opened at WATFORD, at which Dr. MURRAY, of St. Albans, attends every Monday and Friday at 10.30.

Communications, &c., have been received from Dr. ROTH, Dr. DUDGEON, Dr. COOPER, Dr. CLARKE, Dr. GOLDSBROUGH, Mr. WYBORN (London); Dr. HUGHES, Dr. BELCHER (Brighton); Dr. MOORE, Dr. SIMPSON (Liverpool); Dr. BLACKLEY (Manchester); Dr. NICHOLSON (Clifton); Dr. CASH (Torquay); Dr. PURDOM (Croydon); Mr. FOSTER (Scarborough); Mr. POLLETT (Watford); Dr. E. A. NEATBY (London); "O. V."; Dr. PERCY WILDE (Bath); Mr. W. H. PHILLIPS (Bromley), &c.

## BOOKS RECEIVED.

*The "More Excellent Way" in the Practice of Medicine.* By J. C. Day, M.D., Lond. London: E. Gould & Son.—*The Medical Annual and Practitioner's Index for 1888.* London: Hamilton Adams & Co.—*Ninth Annual Report of the Hahnemann Convalescent Home, Bournemouth.*—*A Practical Manual of Gynecology.* By G. R. Southwick, M.D. Boston: Otis Clapp & Son. 1888.—*The Homœopathic Therapeutics of Rheumatism and Kindred Diseases.* By D. C. Perkins, M.D. Philadelphia: Boericke & Tafel. 1888.—*The Twelve Tissue Remedies of Schussler.* By W. Boericke, M.D., and W. A. Dewey, M.D. Philadelphia: F. E. Boericke. 1888.—*Similia Similibus Curantur?* Addressed to the Medical Profession by C. S. Mack, M.D. Boston: Otis Clapp & Son. 1888.—*Der Standpunkt eines Homöopathen gegenüber den moderuen Entdeckungen in der medizinischen Wissenschaft.* Von Dr. Paul Heuser. Berlin. 1887.—*The Homœopathic World.* Feb. London.—*The Hospital Gazette.* Feb. London.—*The Chemist and Druggist.* Feb. London.—*The Monthly Magazine of Pharmacy.* Feb. London.—*The North American Journal of Homœopathy.* Jan. & Feb. New York.—*The Medical Record.* Jan. New York.—*The Chironian.* Jan. New York.—*The New York Medical Times.* Feb.—*The New England Medical Gazette.* Feb. Boston.—*The Hahnemannian Monthly.* Dec. and Jan. Philadelphia.—*The Homœopathic Recorder.* Jan. Philadelphia.—*The Medical Era.* Feb. Chicago.—*The Clinique.* Jan. Chicago.—*The Medical Counselor.* Jan. Ann Arbor.—*The Medical Advance.* Jan. Chicago.—*Bibliothèque Homœopathique.* Aug. and Sept. Paris.—*L'Union Homœopathique.* Jan. Antwerp.—*Bulletin de la Soc. Med. Hom. de France.* Jan.—*Allgemeine Hom. Zeitung.* Feb. Leipsic.—*Leipziger Populäre Zeitschrift für Homöopathie.* Feb. Leipsic.—*Rivista Omiopatica.* Jan. Rome.—*Revista Argentina de Ciencias Médicas* July. 1887.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13 Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### NOTES ON *SEPIA*.\*

By EDWIN A. NEATBY, M.D.

A MONTH ago our President expressed the wish that papers should be read upon the *Materia Medica*. In accordance with this I have brought together a few observations on *sepia*. My reason for choosing this remedy was because it is, in my opinion, at once a valuable and a neglected drug.

In what I have to say I make no claim to originality or novelty, and do not presume to suppose that I shall convey any information to my audience. There is, however, a work of even more importance than this, viz., that of obtaining facility and confidence in applying, the knowledge we already enjoy. By the constant reiteration of well-ascertained facts, we may acquire facility in applying them, and by communicating one to another cases of actual cure or relief which have come under our personal observation we shall develop a confidence in our remedies which experience alone can beget. I shall keep these objects before my mind, and if I am able in any measure to further them I shall need no additional excuse for occupying your time with an already familiar subject.

*Sepia* is one of our most important polychrest remedies; its effects appear in the form of passive

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\* Read before the British Homoeopathic Society, March 1st, 1888.



engorgements rather than of active hyperæmia, and its pains and discomforts are due chiefly to relaxation of tissue and not to spasmodic conditions. Yet it is not possible to explain all its symptoms in this manner—nor is it necessary.

Passing in review some of the principal spheres of action of *sepia*, we will begin, as is customary, with that of the mind. The predominating mental condition is depression of spirits—melancholy and sadness. It does not usually take the form of tearfulness, but this occurs after any unusual excitement, such as an evening party or the like. It is neither spontaneous nor persistent.

Without writing out a detailed symptom list three classes of mental disturbance may be referred to.

*The first* is apathy—a lack of interest in the ordinary affairs of life, whether duties or pleasures. The patient is indifferent, even about her own family and friends. To arouse interest some new stimulus is constantly required. This appears to be due to the fact that the patient cannot make the necessary mental effort; he is dull, and his thoughts move slowly.

*Secondly*, we may find irritability. Trifles annoy or worry, and the patient is quarrelsome or complaining.

*Thirdly*, the patient is easily startled and is very sensitive to noise. This last condition may in part account for the aggravation of some symptoms produced by music. We must, however, carefully distinguish between the moral or psychical effect of music and the physical effect of the exertion of performing on a musical instrument, or of the noise produced by the playing of another. This is a symptom I have had no opportunity of verifying as regards *sepia*, but I have met with it in patients and seen it removed by *natrum muriaticum* and by *lycopodium*.

*Sepia* has aggravation (chiefly of mental and head symptoms) from mental exertion, such as is met with in *pulsatilla* and most of all in *nux vomica*. I have verified this in a case of profound anæmia associated with severe hemicrania. Another symptom sometimes met with in practice is a feeling of always being in a hurry. Hahnemann's *Chronic Diseases* gives "great internal restlessness for many days, accompanied by hurriedness; he would like his work to be finished when it is merely begun."

*Arsenic*, *sulphuric acid*, and *lachesis* have similar symptoms. This may sometimes be a useful indication in the case of children who, with indefinite symptoms, will only be soothed by rapid movement, such as violent rocking or by being carried quickly about.

Lastly, I may mention that dislike or fear of solitude is a condition that I connect with *sepia*, *arsenic*, *phosphorus*, *lycopodium*, *stramonium* and *natrum carbonicum*. *Conium* has the contradictory symptom, "she dreads being alone but avoids society." The *sulphur* patient, on the other hand, dislikes company. These are symptoms for which I cannot answer.

*Head*.—Speaking next of head symptoms, *sepia* is one of our most valuable remedies for headaches, both recent and of long standing. The condition appears to be one of passive congestion, as pointed out long ago by Dr. V. Meyer, whose paper is to be read in the 13th and 14th vols. of the *British Journal of Homœopathy*. The face is pale or yellowish, and there is but little throbbing or other sign of active hyperæmia. The headaches may be associated with liver, stomach, or pelvic derangement; they may be due to anæmia, or they may be strictly nervous-headaches—cases of true migraine.

The headaches of *sepia*, like those of its near relative *pulsatilla*, are usually (I do not say invariably) unilateral, and, in by far the larger number of cases, the left side is chiefly or solely affected. If we hear of a headache over the left eye, in the left temple, or extending from front to back on the left side, *sepia* should always receive attention, and the remaining symptoms will often be found to correspond.

*Case I*.—Mary A., æt. 35, of middle height, fair complexion, and neurotic temperament, suffers from chronic bronchitis. On January 27, 1886, she consulted me for a severe headache, which began first thing in the morning. She had been lying down in the dark two or three hours, and had taken *nux vomica* without any relief. The pain affected the whole left side of the head, and was aggravated by movement, light, moving the eyes, and by noise. Firm pressure with the hand temporarily relieved, but the pain appeared worse when the pressure was removed. The patient felt cold—"cold waves seemed to go over her," followed by a feeling of faintness. The face was pale, and the beating of the heart was felt painfully up to the

head, and the headache appeared to be due to this palpitation. One dose of *sepia* cc. brought distinct relief in half an hour; by the end of one hour patient worse again; a repetition of the dose was followed again by relief. After taking the medicine for about three hours she was quite well. This headache usually lasted from 24 to 36 hours, and was only curable by a good night's sleep.

Relief from external pressure is a characteristic of *sepia*; we have seen it in the case just related, and shall meet it again in the symptoms of the abdomen, chest and back. There are less defined forms of headache, chiefly indicated by the general symptoms, which are curable by *sepia*. But one striking statement which I find repeated in all the books I should like to bring to your notice, in order to ascertain the experience of the meeting upon it. "Continued hard movement relieves the headache" is the language used by Hering, and this may happen in a case in which gentle movement causes only aggravation. It is a condition which, if true, is difficult of explanation; but there are many such, and if experience prove it to be a fact we must accept it while waiting for or seeking its explanation.

Relief in the open air is common to a number of *sepia* symptoms, and notably to those of the head; and almost daily confirmation leads me to regard it as a most reliable condition. *Rhus* and *nux vom.* have aggravation in the open air—*rhus* to rheumatic pains, and *nux* to head and gastric symptoms.

I now pass on to the nose, as it is my intention chiefly, if not exclusively, on those features in theogenesis of *sepia* which have attracted my attention, by their proving of value clinically. I have no medicine more useful in nasal catarrh—the old in the head, of which most of us have had experience from time to time—than *sepia*. It is in *camphor* in strong doses as a preventive measure to cold; and in *aconite* with chilliness (or even "feverishness," or distinct elevation of temperature by the thermometer), and a dry, hot congested the nasal mucous membrane, accompanied or preceded by sneezing. If *aconite* have failed to benefit, or have been too late, I next rely upon *sepia*. There is sneezing, and if the cold be of two or three days standing this will be noticed especially in the

morning, when quite a paroxysm will occur. The nasal defluxion has begun ; at first it is of the thinnest water, escaping unawares from the nostril of the victim ; a few hours later it will be slightly thicker, but still quite clear, and copious. The discharge will usually take place from one nostril only, and I am unaware that it is more from one nostril than the other, though the 1874 provings show that the right side is more frequently affected than the left. Very frequently first one nostril runs and then the other, the opposite one being dry and obstructed. At the same time there may be present frontal headache, heat over or in the eyes, mental heaviness, and aching of the limbs. I do not claim that one dose of *sepia* will remove the condition right off. But if taken frequently, and persevered with thirty-six or forty-eight hours, it will prevent the "cold" from maturing, and leaving a nasal catarrh, sore throat or cough for many days or weeks.

Other remedies for this trivial but annoying affection I use as follows: *Æsculus* produces very striking coryza with associated frontal headache. If the throat is of a dark colour, especially if the small veins are obviously enlarged ; if the patient is a sufferer from piles or is of a gouty disposition, I expect and obtain a good result from *æsculus*. A cold in the head is often checked by it in a very noteworthy manner.

In the well-known *nux* subject several hours of frequently repeated *nux* in high dilution will often cut short a cold.

For cases of true influenza, or of sporadic cases resembling this infectious and extremely prostrating malady, I know nothing so good as *arsenic*, and the value of this remedy is unquestionable. For cases similar to true influenza in every particular, except the great prostration, *euphrasia* does good service. In this class of cases, too, I believe *iodide of potassium* deserves more attention than it has received.

For dry, stuffy cold I follow the text-books and give *nux vomica* with more or less success.

When the coryza has advanced to a much later stage and the discharge is a thick yellowish muco-pus I use *mercurius sol.* and *pulsatilla* in the same way as probably most of us do ; preferring *pulsatilla* if the patient be a subject with a feeble circulation, having cold, blue hands and a disposition to chilblains, or if she be a child or a

woman with the peculiar *pulsatilla* disposition. *Sulphur* will clear up a long lasting cold in the head, with foetid discharge or with a subjective foetor. I have said nothing about loss of taste or smell in coryza, for all the remedies appear to have these symptoms, and I have found them of no help in prescribing.

Before leaving this subject, on which I fear I have already become tiresome, I must again advert to *sepia*. This drug has proved itself a great friend to me in the late stages of cold in the head no less than in the early ones. It appears to me to exert a very powerful effect on the mucous membrane of the nose. The symptoms already mentioned show it to be capable of exciting an acute hyperæmia of this region—thus forming an exception to the rule that *sepia* causes only atonic and congestive conditions. It induces also a chronic catarrh of the mucous membrane, apparently going on to superficial ulceration. Unfortunately we have no accurate reports of the physical condition, but are left to infer the state of things from the subjective sensations and from the character of the secretion. These are: “anterior and posterior nares feel as if skinned, most on the right side; a thick yellow discharge from the right side, and the finger introduced into the nostril becomes bloody;” “on blowing the nose blood mixed with mucus;” “sores on the septum narium;” “plugs in the nose;” “left nostril covered with small vesicles;” “ulcerated nostrils which had troubled for weeks are relieved.” Most of these symptoms are repeated in several provers, and are often associated with obstruction to breathing through the nose and with epistaxis. The relationship of *sepia* in this sphere with *mercury*, *bichromate of potassium*, *gold* and *calcareo* is obvious; the first three, however, having a much more destructive action, extending to cartilage and bone. We need not, however, wait until bone is implicated before we administer *mercury*, etc.

*Case II.*—Gertrude S., a little girl, æt. 9, was brought to me in January, whose case will serve to show some of the resemblances and differences between *sepia* and *mercury*. The result of the administration of *mercury* 6 brought warm praise to homœopathy, but had I had regard to the condition of the nostrils only I certainly should have given *sepia*. A month previously the patient

had taken a severe cold in the head, which left a thick nasal discharge, yellow or blood-stained, soreness of nostrils and alæ, and formation of plugs in the nose. There was a coating of dark blood round the orifice of each nostril, and the nose was swollen, red and shining. These symptoms all appeared to point to *sepia*, as did a leucorrhœa, from which she suffered. In addition to these troubles she had a thick purulent otorrhœa, accompanied by irregular attacks of earache, and a number of patches of eczema about the lips and chin, and the upper lip was very thick, red and swollen. *Sepia* does not produce any moist eruption like eczema nor discharge of pus from the ear. I therefore gave *merc. sol.* 6. In a week she reported that the otorrhœa and otalgia had ceased, and the leucorrhœa, eczema and swelling of lip were less. In another week all the eczema had gone, leaving only reddish brown stains. The nasal discharge was still very troublesome, though much less so. At first it was offensive, but had become less so. I next gave *puls.* 6. After another week there was very little nasal discharge or leucorrhœa, but the patient was very irritable, stamping and storming, but crying excessively if thwarted or reproved. A week of *sulphur* 6 brought the report "Quite well."

*Case III.*—I was much surprised a few months ago, at the considerable amount of relief which followed the use of *sepia* in a patient with nasal polypi. No operation would be entertained, and the symptoms, including almost entire obstruction to nasal breathing, led me to *sepia*. The relief was so complete that the patient thought the polypi must have disappeared; this was not the case, however, although they certainly appeared smaller. Treatment was discontinued.

In passing I may remark that the yellow or sallow colour of the face may sometimes lead to the choice of *sepia* if in doubt, especially if there be a yellow saddle across the nose. But, of course, prescribing on this one symptom would be unscientific and disappointing. For a long time I thought the brown marks on the forehead occurring in chronic uterine or liver disease to be entirely useless as a guide to *sepia*. Some while ago, however, I was fortunate enough to remove with *sepia* some very disfiguring spots of this kind, which to some extent restored my confidence.

The effects of *sepia* on the alimentary canal and on the liver are well known, and many dyspepsiæ find their counterpart in *sepia*.

Our attention has been directed to the power and usefulness of *sepia* in this sphere by Dr. Dunham in his *Lectures on Materia Medica*. Though his observations are known to all of you, they are, I venture to think, of sufficient importance to warrant me in alluding to them at some length.

Dr. Dunham pointed out that *sepia* has the power of producing the condition described by Murchison under the title lithæmia, and supposed to be due to retardation of the metabolism of nitrogenous matter in the liver. Dr. Veit Meyer, in the well-known paper already referred to, has explained the action of *sepia* on the liver as causing a passive congestion, and it was easily conceivable that this torpidity of the circulation would interfere with the function of the liver cells in carrying on the retrograde changes in albuminous material. The result, it was said, is that these substances are incompletely oxidised, and present themselves in the urine as insoluble uric or oxalic acid, or as urates. This condition is frequently associated with atonic dyspepsia. Dr. Dunham has taken the trouble to place side by side the digestive symptoms of lithæmia and the symptoms produced by *sepia*. The similarity is very striking, and may be made even more so than he has made it. I shall take the liberty of following his example, making my own selection of symptoms. Let us take the digestive symptoms first:—

1. "The tongue may be perfectly clean and normal, or at most only slightly coated with the drug." One could hardly expect a record of such a tongue under any pathogenesis, and it is not found. But Dr. Clifton, in a paper full of his usual sound, practical suggestions, writes: "The *sepia* dyspepsia, then, has a clear tongue, often a little cracked on the surface, and slightly coated white at the root."

Murchison: "Tongue is uniformly coated with a thick fur, sometimes whitish, but occasionally of a yellowish or brownish tint." *Sepia*.—"Tongue is sticky and coated a dirty yellow."

Murchison: "We may often observe the fungi form papillæ on the tip and edges larger and redder than



natural." *Sepia*.—"Tongue coated yellow at the base, and in the middle, tip and edges red." "Occasionally raised papillæ."

For the large, pale, flabby tongue indented by the teeth, I find no exact counterpart in *sepia*; the nearest being, "The tongue feels too large." The want is supplied by *hydrastis*, *mercury* (with tremor of tongue), *podophyllum*, *kali bichromas* and others. Nevertheless, if the other symptoms correspond, I do not regard *sepia* as contra-indicated by the large indented tongue.

2. *Appetite*.—Murchison: "Loathing of all food, except alcoholic stimulants." *Sepia*.—"No desire for food, a sense of nausea all the morning." "Aversion to all food, especially meat," and "violent desire for wine, which he never drank otherwise."

3. *Taste*.—Murchison: "Many patients . . . complain of a bitter or sometimes a 'coppery' taste in the mouth, especially in the morning." *Sepia*.—"Repulsive bitter taste in the mouth in the morning." (Hahnemann).

4. *Dyspepsia*.—Murchison: "Acidity." *Sepia*.—"Sour eructations." Murchison: "Flatulence . . . is a common symptom in lithæmia, the distension being usually greatest from one to three hours after a meal." *Sepia*.—"Throughout the proving a feeling of distension coming on shortly after food, especially supper." In this particular feature *lycopodium* presents a closer resemblance.

Constipation, diarrhœa, or alternation of the two, and piles all find their counterpart in *sepia*. Constipation with ineffectual urging (like *nux vom.*) is most indicative of *sepia*. Yet the opposite condition of absence of desire for stool also obtains. These symptoms which I have selected as corresponding with those of certain forms of functional derangement of the liver might likely enough be found in the voluminous symptom lists of many of our polychrest medicines, and thus leave us in doubt as to the remedy. But if in addition the patient presents the urinary symptoms to be immediately mentioned, and has also a sinking in the epigastrium, especially in the middle of the morning (like *sulphur*), a craving for food soon after meals and relieved thereby, a general faint feeling and a desire for fresh, cool air, with or without hot flushes and with or without a suffocative sensation, all doubt as to the remedy will be removed.

I have reserved the urinary symptoms until last because I wish to make a few remarks on the reprovings.

5. *Lithuria*, i.e., the presence of *uric acid* or *urates of soda*, etc., in the form of a deposit in the urine, with a normal quantity of urinary water, constitutes the prominent feature of lithæmic cases. The sp. gr. is necessarily increased.

The provings of *sepia* are sufficiently accurate to establish the fact that it produces a deposit of urates in the urine. In five out of the eight cases where the urine was more or less carefully examined this occurred, and in other cases it is referred to where no other particulars are given. Although in some cases the urine was somewhat reduced in quantity, in no case was the reduction considerable or the quantity so small as to account for the deposit of urates. In the case of one prover, at the end of his experiment, the quantity was one pint only and he became alarmed, but he does not give any description of his urine, and the average sp. gr. was 1,027 as compared with the customary 1,021. On the other hand, in one case the quantity was increased.

The presence of an abnormal amount of pigment is recorded in cases of lithæmia, and under *sepia* the urine was high coloured before any deposit occurred, and the odour in more cases than one was offensive. In one instance the presence of bile pigment was demonstrated.

There are a few features in the reprovings of *sepia*, especially those in connection with the urinary symptoms, which I think are open to criticism. In seven out of the eight provers who examined their urine, the potency taken was either the 200th or the 30th. In one only was the 3rd trituration given. The power of these two potencies cannot be doubted if we accept the provers' reports as veracious, for physical changes in the urine can, one would suppose, hardly be due to the imagination. Nevertheless, we cannot read without wonderment of a sediment occurring the first day from the 200th dilution, even though the dose was taken half-hourly, and one can readily conceive that a prover giving himself up to half-hourly dosing might easily find any number of trivial symptoms.

In the case I refer to, no account of the previous state of the urine was given, but we are left to infer that it was healthy. I think you will acknowledge that further

and more careful experimentation is called for. The fact that in some cases sp. gr. is given without any quantity as a guide, and that in others no record of the usual state of the urine is given, confirm the need for further provings. A very little more trouble would have greatly enhanced the value of the provings. For example, in one instance only was the nature of the urinary deposit ascertained by examination, and in one only was bile pigment examined for and found; furthermore, a little additional care might have supplanted the loose expression "very acid urine," by an exact estimate of the degree of acidity. A computation of the amount of urea would have rendered the report all that could be wished. The proving in most cases was too short. In some one day only; in other instances the date of beginning and not of the leaving off is stated; and one patient records symptoms for more than a month after ceasing to take *sepia* 30, and he adds, after that length of time "no further new symptoms occurred."

I hoped to have the pleasure of presenting to you some observations of my own respecting the effects of *sepia*, including an accurate quantitative estimate of the daily acidity and the amount of urea, &c. But while taking *sepia* 3x trit. for a week, I observed no symptoms whatever beyond a very slight increase in the acidity of the urine and a trifling increase in the quantity. Are we to conclude from this that *sepia* in the 3rd dec. trit. is inert, or that the prover was insusceptible?

I have criticised the reports of the urine in the re-proving, not because they have been barren of clinical results (for such is not the case), but because as scientific experiments, I deem them slovenly and incomplete.

Case IV.—E. R., æt. 18 months, was brought to me because he refused his food. His general health appeared good, but he was losing flesh through eating so little. He slept well and was cheerful. He had redness along the edges of the lids, and a slight sticky discharge. His urine was an opaque, whitish-yellow colour, contained abundance of urates, sp. gr. 1030, no albumen or sugar, total 24 hours, 5 ozs., and the acidity was equivalent to .3 grms. of oxalic acid, equalling 8 grms. in the adult, being about one-third more than normal. *Sep.* 6 gtt. vi. o.n. Three days later the report was "Appetite much improved,

and the eyelids are very little inflamed." Urine clear, 1020, but still a little too acid, though much less so. He was soon quite well.

*Case V.*—An interesting case of lithuria in connection with digestive disturbance has been under my care recently at the out-patient department of this hospital.

January 25th, 1888. Emily T., æt. 53, stated that she had jaundice and gall stones twelve months ago, since which she has complained of the symptoms to be mentioned. Her parents were healthy, but she had uncles and aunts and nephews and nieces who died of phthisis.

*Present Condition.* She complains of a constant feeling of sinking and hunger, relieved for a short time by a large meal. To fortify herself for her visit she takes a good beefsteak instead of the traditional dose of beer or spirits. The tongue is clean, indeed slightly redder than natural. The bowels act every day, the evacuations are large and hard, and she is obliged to strain. She has occasional bleeding from hæmorrhoids. She does not suffer from thirst, and is not thin.

Menstruation lasted till twelve months ago, always profuse but pale. She suffers from leucorrhœa "like the white of an egg," accompanied with sacral pain on moving and on first lying down. Gets up to micturate twice in the night; passes a large quantity of water, 1080 acid, no albumen; doubtful trace of sugar.

A few months ago she sought medical advice, and was told that her urine was "full of sugar," and that she had diabetes. She was placed on a diabetic diet, cutting off almost all carbo-hydrates, and including large quantities of meat and green vegetables. She carefully followed this treatment without obvious improvement, although she was told the sugar had disappeared. She was recommended by me to adopt an ordinary diet, to masticate well, and instructed to measure her urine daily. *Sepia* 12 was prescribed.

February 1. Reports herself much better, the craving and sinking much less, also the leucorrhœa and the back ache. This week she occasionally has pain and distension of the abdomen; urine varies from 50 to 90 fl. ounces, contains no sugar.

February 15. Urine less in quantity, still less sinking and craving, abdominal pain gone: leucorrhœa and back worse. Urine cloudy 1015, acid, no sugar. *Sepia* 80.

February 29. Very much better; has lost nearly all her symptoms. The back and the head still trouble her a little. The urine is not cloudy. Sp. 1018. Reaction acid, and the quantity larger than natural.

It may be worthy of note that the only reliable instances of increased frequency of micturition ("pyknuria," as I should like to term it for short) occurred in the persons of women and these had uterine or pelvic symptoms also. Does the pyknuria which *sepia* causes and cures occur only in association with disorders of the female generative system?

The use of *sepia* in incontinence of urine should not be omitted here. In none of the pathogeneses can I find an account of such a condition being provoked, but there is abundant evidence clinically of the value of the remedy. Most authors mention it, some on the authority of others and some on that of personal observation. The experience I have had with it causes me to regard it most favourably, although, unfortunately, the positive evidence I have to bring before you respecting it is small. My cases are, I fear, like the provings I have criticised, slovenly and incomplete. The first I quote from memory.

*Case VI.*—During my residence in the Isle of Wight a lady consulted me for her little boy about five years old, who was suffering from a "cold in the head" and a cough, and she mentioned that he constantly wetted the bed at night in spite of care on the part of his nurse. The cold was recent but the enuresis of long standing. On calling about a week later I was surprised and gratified to find that both coryza and incontinence were quite well.

*Case VII.*—Another patient, P. R., a boy aged 10, was brought to me at the beginning of January, 1887. The complaints were:—Wetting the bed, especially in the first sleep; deafness; cold on the chest and thickening of voice. I have no additional details of this case; his cold went away quickly, and by the end of a month the mother reported much improvement; he had missed three nights entirely, and wetted less in others. The improvement continued steadily. This was a very bad case.

*Case VIII.*—In a third case, that of H. D., æt. 3, *sepia* failed me; the notes are :—

14th April, 1887. Itching lichen spots all over; irritation at night; cough at night; wets bed; appetite variable; bowels regular. *Sepia* 30.

21st. Spots same; cough better; wetting of bed is chiefly after 12, not in first sleep. *Sepia* 200.

28th. Spots better; cough gone; appetite better; enuresis same. Repeat.

5th May. Wets decidedly less. Repeat.

12th. Wets more, has had a cold. *Sepia* 12.

26th. Wets same. I gave *ac. benzoic*, but this did not cure, though I learn now that he is much better. He had an elongated prepuce with a small orifice, so it is perhaps not surprising that he did not get cured.

*Case IX.*—In a very obstinate case of diurnal incontinence in a girl aged 8½, I failed with *ferr.* and *benz. ac.* Some benefit was obtained from *puls.*, and improvement of general health (the patient had lost appetite and flesh). I gave *sepia* for a papular eruption which appeared on the face, and the incontinence steadily, but slowly, improved. The progress was so slow, however, that I added the use of electricity, which markedly quickened it, and I now consider the case nearly cured, one accident in five weeks being all that is reported in place of constant daily incontinence.

I have failed when I have not had the indication of “during first sleep,” and I have failed in adults; but I nevertheless value *sepia* highly. I always seek for general symptoms to guide to it.

I extract the following remarks by Dr. Cranch, one of the re-provers, from the *U. S. Med. Investig.*, Jan. 15th, 1887 :—“In the retention and suppression of urine that often occur in fevers, *sepia* has done most excellent service in restoring the secretion to its normal character. It is indicated by delay in voiding urine after the desire is felt, along with scanty, muddy discharge, the sediment of which sticks to the vessel, and the odour of which is abominable. If these symptoms are not present, some other drug than *sepia* must be exhibited.”

It is a little curious to speak of the character of the urine in retention and suppression thereof as being an

index of the medicine required, but the writer probably refers to the state previous to the retention or suppression.

Another case of interest I quote from *The Homœopathic Physician*, vol. iii., p. 354. Dr. Swift:—

“Mrs. O., aged 27, had the following symptoms: Pain in the supra pubic region, back and hips; tenderness all over the hypogastric region and in the rectum; constipation, defæcation painful; passes urine every few minutes with burning sensation as if she had held her water too long. Has to rise at night to urinate; urine smells very badly, cannot allow it to remain in the room, sediment sticks to the vessel and has to be washed off. Chilly by spells; icy cold feet. Nervous and fidgetty.” *Sepia* 30 cured. Dr. Swift asks “Was this a case of anteversion of the uterus? or was it cystitis, or both, or neither?” We should probably answer neither; but how much more valuable to us would have been the report of this case had he answered the question for us!

We pass naturally from the urinary to the other pelvic organs. I must limit myself to a few cursory remarks.

I find no remedy so generally useful as *sepia* in prolapse and in backward displacement of the uterus, whether flexion or version. The symptoms of disease and drug are so familiar to you that I need not linger beyond pointing out that in the relief by firm pressure, both to sacral pain and to dragging in the hypogastrium, we have one of the most striking indications for *sepia*.

“Hot flushes,” associated or not with the menopause, always call to mind *sepia*, *lach.*, *phos.*, *sulph.* *rhus.*, and others, and the concomitant symptoms already referred to must guide in the choice.

The cases I will now narrate show that I have had no absolute cure of chronic prolapse. But immense relief is afforded, and I know no more essential point in the preparatory treatment of a patient for operative relief of that complaint than a course of *sepia*. Leucorrhœa is lessened or removed and the weight of the uterus is diminished, thus rendering such an operation as perinæoraphy more than ordinarily successful.

*Case X.*—Mrs. H., a thin scraggy woman, dark complexioned and quick in her movements, æt. 45, came to see me in March, 1883. She complained of “bearing down” in the pelvis, worse from standing or walking and after



meals; especially bad in the evenings. She has a constant feeling as if something would protrude from the vulva, and after much standing or hard work a lump the size of a hen's egg makes its appearance. Micturition is frequent. On examination the cervix is very low down, the vaginal walls bulge ready to protrude through the vaginal orifice, and the perinæum is ruptured. She has an aching, bearing down pain in the small of the back, and a thick yellow leucorrhœa. Amenorrhœa five months, previously profuse menstruation. Bowels regular, with some straining. The tongue is clean, appetite fair. She frequently "comes over hot," and feels she must have more air, and is cold and shivers after. *Sepia* 30 every night.

After ten days this patient returned very much relieved and was directed to continue the medicine. In October of the same year she came back once more, and said she was so well after taking the medicines for a while, that she thought she would not need any more. But having been without for some months she now finds her old symptoms have returned. There has been no protrusion however. She complained also of a severe dragging pain in the left hypochondrium. *Sepia* 30, o.n.

In November she reported not like the same person, has no dragging or pain in the left hypochondrium, is brighter and in better spirits and is gaining flesh.

In March again she reports that she has gone on well, but the pains return again if she leaves off the medicine long. The sacral pain now is worse when on first lying down, even worse than when standing, but it is ultimately relieved by lying. I have noticed on several other occasions that when improvement is taking place in a case of this kind, that lying down aggravates the pain before relieving, as if the uterus were being dragged up by ligaments which are recovering their elasticity.

My last note is "much better in every respect."

*Case XI.—Dysmenorrhœa and Prolapsus Uteri, with Ruptured Perinæum.*—Clara B., æt 35. Her last child was born five years ago. She had a miscarriage twelve months since. Her husband is dead, and she is now in domestic service.

15th Oct., 1886.—Complains of pain at menstrual period for two days before, relieved by the onset of the flow or after

one day. The pain is of an aching character, beginning at the level of lower lumbar and upper sacral vertebræ, and extends down the right leg to the toes. It is relieved by lying down and by keeping warm; better at night. She also complains of bearing-down as if something would protrude at the vulva, and of a yellowish leucorrhœa before the period. Menstruation lasts four days, is moderate in quantity and bright in colour; occasionally she passes small clots, and then the pain is worse than usual.

Her appetite is poor and she suffers from flatulence after food and from pain at the epigastrium, relieved by eructations. The tongue trembles when protruded, and the bowels are constipated, with ineffectual urging to stool. She has a throbbing headache at the right side of the head at the monthly time.

On examination the uterus was found very near the vulval orifice and the perinæum ruptured.

This patient attended weekly for one month, and at the end of the time had just completed another monthly period. My note states, "period was much better," especially the bearing-down, the pain in the leg not being relieved. The dyspeptic symptoms after food were much better.

She was unable to continue attendance and thought she would get on well as she had made a good start.

At the beginning of February she returned as the previous period had been bad again, and she hoped to get relief. The symptoms were much the same. After taking *sepia* 30 for a fortnight, she reports, "had less pain this period; it was a little premature."

On the 19th of October, a year after her first visit, she reported that she had been much better for some months, but was now getting bad again. A few days ago I learned that she has quite lost her dysmenorrhœa and is much better all round.

Before leaving the generative sphere, allow me to call attention to *sepia* for the nausea and faintness often observed in pregnancy. When this condition is made worse or brought on by riding in a carriage or railway train I usually have to choose between *sepia* and *cocculus*.

*Cocculus*, by the way, is the best remedy I know for sea-sickness and for railway travelling sickness.

Dyspareunia, associated with dryness of the vagina, I have cured by *sepia* and by *nat. mur.* Compare also *ferrum*, *kreasote* and *sulphur*.

The benefit to be derived from *sepia* in bronchial affections has, I believed, been largely overlooked. Its action in bronchitis and in winter coughs will be best illustrated by two cases I will quote to you, the first is from memory, but the result strongly impressed the case upon my mind.

*Case XII.*—The patient was a gentleman a little past middle life, of a gouty tendency, but of abstemious habits. The general health was good, but the patient had had several severe attacks of bronchitis. On the occasion in question, about two years ago, he “took cold in the head,” and when it had “settled on the chest”—in other words when bronchitis had set in, he sent for me. He had a violent loud paroxysmal cough with soreness down the front of the chest, expectoration of an enormous quantity of thick greenish-yellow salty mucus, wheezing breathing and the usual sonorous and sibilant rhonchi in the chest. There was not much dyspnoea, but if he lay on his left side his breathing became somewhat hampered and his cough greatly increased. His urine was very high coloured and contained a more abundant deposit of urates than I have seen before or since. He made a rapid recovery on *sepia* 30, his attack being less than half its usual length, and he has been more free from bronchitis since this illness than for a long time before. The condition of the urine, the expectoration and the aggravation of cough from lying on the left side induced me to select *sepia*. *Sepia* has aggravation from lying on the back and especially on the left side. Respecting this Boenninghausen has written, “But when this condition comes into collision with the following one the preference is always to be given to the latter,” viz., to aggravation produced by lying on the painful or painless side. *Sepia* has aggravation by lying on the *painless* side.

*Case XIII.*—28th Mar., 1887.—Nellie D., aged 4 years, was brought to me for bronchitis, with the usual physical signs. She had a bad cough, worse at night, especially before midnight, and she makes a noise which is described as a whoop. I did not hear this myself but I was informed

that she was born with bronchitis, and had this bad cough with a whoop every winter. She took *sepia* 30 in pilules at frequent intervals.

4th April.—Cough better, is worst about 10 p.m.; this condition is peculiar to this attack. She retches and brings up light yellow phlegm. Her appetite is improved and she is more lively.

14th.—The cough is nearly well, there is no retching and very little phlegm, which is more frothy now. Bowels regular and appetite good.

21st.—The cough has gone and the patient is quite well.

I have heard quite recently that this patient has had no cough since and is now quite well and strong, she had never been a winter without cough before. I saw her looking very bonny and blooming.

In recent ringworm I have confidence in *sepia* alone.

Case XIV.—12th Jan., 1888.—Dorothy K., æt. 5, a thin little girl, fair, but with an earthy complexion, has a small reddish scaly spot on the scalp; it is circular in shape. *Sepia* 30.

18th.—Same condition, *plus* a few short bristly hairs which have an irregular fracture under the microscope and spores of *trichophyton tonsurans* in the shaft. Continue *sepia*.

27th.—Only one broken hair formed, and no spores were detected. Continue.

This case has got quite well.

Ringworm of the parts free from hair of course heals more readily.

My experience is that these cases do well without any application if the patient has confidence enough to persevere; but it often results in the loss of the patient. I see no objection to the use of a parasiticide, but I would by no means omit the constitutional treatment.

In conclusion, gentlemen, I would remark that three points have attracted my attention during the compiling of this paper.

1st. Though Hahnemann, in drawing up his list of symptoms produced by *sepia*, followed a plan which it would be unsafe and unscientific for us to imitate, his genius enabled him to produce a record the value and reliability of which have been demonstrated by countless clinical successes as well as by a reproving on the healthy.

2nd. The curative value, when prepared after the manner of Hahnemann, of a substance inert in the crude form has been made conspicuous.

3rd, and most important of all, the changeless value of prescribing by the rule "Let likes be treated by likes" rather than on the basis of an uncertain and changeable pathological speculation has been made evident. Ten years ago the condition so admirably portrayed by Murchison, denominated by him lithæmia, ascribed by him to a functional derangement of the liver, was found to be largely curable by *sepia*. To-day lithæmia is no more, and it is more than doubtful if the liver is chiefly at fault in the condition referred to. In spite of the decrease of lithæmia the patient suffers as before, and in spite of another theory being advanced to explain his sufferings *sepia* will still bring him relief. Do you, then, charge me with making light of the study of pathology? Such a wish is very far from me. I believe, gentlemen, that the present moment is a crisis in the history of medicine, and I believe that more than we can tell depends on how we who are here present to-night, and those who are in sympathy with us, comport ourselves in the struggle.

We must not and will not neglect the study of pathology, or, indeed, of any branch of medical knowledge. Without a knowledge of pathology our education is incomplete, our grasp of a diseased condition imperfect, and our prognosis will be incorrect; by means of pathology we *may* be guided in the treatment of our patients; while, at the same time, we never need be misguided thereby. If we neglect the study of pathology, we shall bring our true and sure and better way of treatment into discredit.

But if pathology be important and any neglect of it dangerous, the study or neglect of our *Materia Medica* and of therapeutics is infinitely more important or more dangerous. At the present moment our minds are open to learn and our spirits liberal to welcome any and every plan or agent whereby suffering humanity may be benefited. This is as it should be. But I would ask your indulgence while I raise a warning voice against the danger which exists of allowing an auxiliary to exclude the principal, against the fatal mistake of neglecting accurate and constant study of the *Materia Medica* for easier, but not more excellent, ways. A careful adherence

to the rule of similars by those who profess to believe in it, can alone lead to success in practice, and thus to its speedy acceptance by the profession at large. If we fail of this, our treatment will degenerate into a despicable empiricism, and posterity will, in the words of Hering, regard us and homœopathy as "a caricature in the history of medicine."

### DISCUSSION.

Dr. CLARKE called attention to a paper by Dr. Hansen, of Copenhagen, read at the Bâle Congress, in which the writer showed the value of *sepia* in pulmonary cases complicated with uterine symptoms. These observations Dr. Clarke could confirm. He also spoke of a paper by Prof. Laning in a recent number of *The Clinique*, showing the great similarity between the symptoms of *chamomilla* and those of lithæmia.

Dr. EDWARD BLAKE agreed with Dr. Neatby in condemning the slovenly manner in which the urinary observations of provings had been made and recorded. He confessed that after trying *sepia* in pelvic diseases in all dilutions for ten years, he was disappointed, and he seldom gave it now. It acted on the epithelium, but did not appear to have any deeper action. *Apropos* of the coryza cases mentioned, he said that by illuminating the nostrils by electric light a small fissure would often be discovered. If that were touched with *phenol* a coryza that had lasted for weeks would often instantly disappear. In ringworm he firmly believed in the utility of *sepia*. From ringworm being unknown in the adult we knew that there was some special condition predisposing persons to it, and it was this tendency that was met by *sepia*. In recto-cystocele, the inevitable sequence of perineal laceration, *staphysagria* internally and locally was of great service. It would often obviate for a time the need for surgical interference. It should be given internally in the 1st to 8rd decimal, and locally tampons of animal wool dipped in one of the two following solutions :—

Tinct. staphysag. (made with S.V.R.)	3i.
Glycerine (Price's) ... ..	3i.
or	
Delphine ... ..	gr. ii.
Glycerine ... ..	3i.

should be applied every morning after having replaced the uterus as high as possible, a broad T bandage being kept on the perinæum. This treatment relieved the hypochondriasis, the constipation and the dysuria.

Dr. JAGIELSKI had found it most useful in ringworm. It did not cure it always. When it failed *sulphur* usually succeeded. He had used it in ointment at times. *Sulphur* ointment alone, especially in scrofulous children, often cured. In cases of old chest catarrhs, combined with uterine disorders, it had an excellent effect. He usually found it necessary to give something additional to relieve the cough. For instance, glycerine and malt extract, a teaspoonful diluted with milk, was often a great relief. Constipation was often a complication of chest and uterine diseases, and in these *sepia* acted marvellously. As an adjunct, *glycerine* was also of great use in the form of enema. A drachm should be injected at a time.

Dr. BLACKLEY wished Dr. Neatby had chosen one of the medicines which have already appeared in *The Cyclopædia*. He feared that many of the symptoms on which Dr. Neatby relied would be found, when *The Cyclopædia* got as far as *sepia*, to be mythical. As to the application of *sepia* in skin diseases, in a few cases he had seen ringworm get well whilst *sepia* was being used, but not without external treatment as well. Some cases got well without any treatment. In other skin diseases he had had little success with the drug.

Dr. DIRNER (Buda-Pesth) had not had any experience in using *sepia* in uterine disease. He was glad of the opportunity of receiving the suggestions offered in the paper which he would certainly test in practice, and would have much pleasure in reporting the results he obtained to that Society.

Dr. ROTH had had no experience with *sepia*; but as Dr. Neatby had referred to chronic nasal catarrh he would ask whether any member of the Society could tell him whether the vapour of *salycilic acid*, when being used as a disinfectant, produced any effect upon the mucous membrane of the nose. He had been told that in a hospital where there were female medical students all suffered from nasal catarrh, and that they attributed their doing so to the *salycilic acid* vapour. As the author of the paper had dwelt upon the good effects of *sepia* in uterine complaints, he would mention that Dr. Dirner, one of their visitors that evening, had attended his gynæcological clinique in Jena, when Professor Schulze had invited Major Brandt, of Stockholm, to apply his manipulations in enlargement and prolapsus of the uterus. These were very successful as the exact measurements, which proved the replacement and very considerable diminution in volume of the uterus, testified. Having been much criticised at one time for having translated Brandt's book, he (Dr. Roth) felt gratified in being able to mention that Professor Schulze had not only approved the treatment but that he was actually following in it.



Dr. HUGHES wondered how Dr. Blake could reconcile his want of success with *sepia* with the success of others. He thought he might have trusted too much to his patients' *objective* symptoms. He thought that the *subjective* symptoms should be placed above the objective. He could not lay so much stress as the author quoted by Dr. Neatby on the particular qualities of the urine, with clayey sediment of foul odour. This was one of the "keynote symptoms." He believed these were useful when present, but the absence of them did not exclude the drug. He did not lay much stress on the analogy with the symptoms of lithæmia, as a similar list could be made out of the symptoms of almost all of the medicines in *The Chronic Diseases*.

Dr. NEATBY, in reply, did not think it was necessary that a considerable amount of substances (as sugar or albumen) should be found in the urine to show a drug's capacity to excite its formation, so long as it was ascertained that any demonstrably due to the action of the drug was present. In reference to Dr. Blackley's remarks, he had been careful to take, as far as he could, only such symptoms as had been proved genuine. He knew that *salicylate of soda* would produce sneezing, but he had imagined it was a local effect.

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## SURGICAL NOTES IN PRIVATE PRACTICE, 1887.

By A. MIDGLEY CASH, M.D., Edin., M.R.C.S., Eng.

(Continued from page 155).

### *Enlarged Tonsils.—Excision.*

J. M., a small child of 6 years, was seen on May 5th. She had suffered long from great hypertrophy of tonsils, which had evidently interfered with her growth and development. Careful treatment under more than one homœopathic practitioner had failed to do more than quiet the occasional acute symptoms. On examination the tonsils were found very large, nearly meeting in the middle line, pale, and covered with mucous secretion. Her mouth constantly open and the breath so obstructed that at night her breathing could be heard all over the house. Assisted by Drs. Gillow and Cash Reed, the child was first anesthetized with the A.C.E. mixture, and I then removed as much of both tonsils with the guillotine as could be shaved off. Great relief followed the operation; breathing at night at once became quiet and composed, and five months later the child was seen

again, markedly improved in health and strength, the tonsils being greatly diminished in size.

*Hypertrophied Tonsils. Excision.*

H. S., æt. 26, a carter. Has suffered many years from colds and inflammation in the throat. After last attack the tonsils increased in size, and treatment by his club doctor, and at the homœopathic dispensary, failed to effect any decided reduction in size. Early in December I decided to remove the left tonsil, which was bulging almost to the middle line. The right, though large, was much smaller. Delay occurred, owing to an acute attack of inflammation, but on December 22nd I operated upon him with Fahrenstock's guillotine, removing a large slice of the gland, which cleared his throat very much, and with the effect of markedly improving the voice immediately. He was able to resume work again in eight days. This guillotine I much prefer to Mackenzie's, it being more conveniently held and manipulated, and by means of its fork fixes the portion of gland to be removed, and secures it after its separation, so that it cannot fall into the œsophagus or larynx, a very probable result if the other guillotine were used. It is safer and more accurate than the coarser methods with the bistoury and vulsellum, and consequently much to be preferred in avoiding the chief danger of tonsillotomy, viz., hæmorrhage.

*Mammary Abscess.*

Mrs. W., æt. 37, debilitated by some months' nursing, and an attack of bronchitis. Got a blow on the breast, followed by caking, which increased in spite of *bryonia* and *phytolacca* internally and *phytolacca* compresses. A few days after, fluctuation was apparent. *Bichloride of Methylene* was given, and an incision made below nipple at the most dependent part of abscess, and several ounces of creamy pus evacuated. Dressed with carbolised oiled lint, and a drainage tube inserted in wound. Great relief followed to all her symptoms. The tube was kept in several days, so as to thoroughly drain off all discharge, being shortened gradually as the wound healed up. *Chin.* 1x and *ferr. phosph.* aided the convalescence. She left home for change of air, well, and soundly healed in a fortnight, the breast having entirely regained its normal state.

*Poisoned Wound of Hand.*

Mr. D., æt. 60, living near Ashburton, cut his hand slightly with an old glass bottle. When seen Nov. 22nd (five days later), the hand was very much swelled, hot, red and tender. Temp. 102°. A small superficial looking cut was visible at the web of the base of right thumb, the lymphatics inflamed for some distance up the arm. *Lach.* 6x and *bell.* 1x were given alternately every two hours, and a *lachesis* compress applied to the angry looking skin in the vicinity of wound.

The next day I received a letter saying the compress appeared to have acted very efficiently, causing pointing and a discharge of matter in a few hours. On the 25th I visited him and found a dark ugly appearance. Large sloughs had formed, and on passing a probe through the discharging sinus, I found the tissues deeply undermined all round beneath the two first metacarpal bones. A large amount of foetid slough required to come away, and to afford this exit, and facilitate the discharge, I made a deep incision through the boggy tissues, and stopping the poulticing dressed the whole hand with strips of lint soaked in sanitas and oil. Gave *hep. sulph.* 2x alternately with *lach.* 6x, and ordered generous feeding. Rode over to see him on 27th, and after withdrawing some large sloughs which lay loose on the wound, I found a deep healthy gaping wound. Whilst dressing this, a small artery spouted and required ligature. Pulse and temp. were both nearly normal, and he felt better and was able to take food with appetite, though still sweating copiously at night. *China*  $\phi$  and *lach.* 6x.

On Dec. 3rd the wound under *calendula* dressing quite superficial, the thumb having free unimpaired action. Mr. D. was feeling quite himself again, and able to take a walk with me in his fields to see his horses.

I believe the rapid and satisfactory recovery from the severe symptoms in this case to have been due in great measure to the internal remedies used. *Lachesis* was steadily given from the first, until all appearance of constitutional suffering had disappeared, and aided by *china*, *bell.* and *hep. s.* probably kept off septicæmia, controlled the copious night sweats, and furthered the rapid separation of the sloughs. Here homœopathy and surgical measures seemed to go hand in hand with mutual advantage.

*Abscess of Lachrymeal Sac.*

Mrs. E. came on September 4th with obstruction of lachrymeal duct, and an abscess about the size of a sparrow's egg. I opened the abscess and inserted a silk drain to prevent its closing. *Silic.* 6x gr. ii. four times a day.

10th. Two drops of a 10 per cent. solution *cocaine* were dropped into punctum lachrymalis, and after ten minutes I slit up the duct without her feeling anything whatever. I could not get the smallest probe through the stricture into nasal duct, which, probably, had become obliterated from the length of time the obstruction has existed. *Ac. fluor* 6x gr. ii. ter. die. She is still under treatment.

*Lipoma of Neck.*

Mrs. P—., æt. 48. Been under treatment at Homœopathic Dispensary for some months for a large fatty tumour of the neck. It was in the left posterior triangle, and extended from the sterno-mastoid muscle to beyond the point of the shoulder. It overlapped the clavicle, extending in front on to the pectoralis major and behind on to the trapezius. It had caused much headache, with weakness of arm and shoulder. Partially relieved by *calc.*, *carb.*, *silic.* and *bell.* As soon as was possible she was, by the kindness of Dr. Cash-Reed, received into the Plymouth Homœopathic Hospital, and there, on the 19th May, assisted by Drs. Cash-Reed, Alexander, and Vawdry, I excised the tumour. The wound was dressed with *iodoform* and boric lint, and a drainage tube inserted for the first few days; all was soundly healed by the 31st, and she returned home greatly relieved. The tumour, which was deeply lobed and encapsuled, weighed about  $\frac{1}{2}$  lb.

*Adenoma of Neck.*

Miss H., æt 22, came under my care at homœopathic dispensary with a tumour of the neck, which had been growing for about two years. It was situated on the right side, between the trapezius and sterno-mastoid muscles. It was nodular and firm to the touch, and caused her discomfort and inability for work (in the laundry). Medicines having been carefully tried without

effect, on June 15th, the patient having been anæsthetized by Mr. Gillow, I cut down upon the tumour and dissected it out. It had deep and firm connections and was bound down by the deep fascia to the transverse processes of the spine. A tube was inserted and the wound dressed with *iodoform* and salicylic wool after stitching up. She was out and the wound quite healed by 21st. Some trachial neuralgia was felt for a few weeks, which yielded to *rhys tox* and *oil frictions*. On October 28th I find noted, "arm quite strong and can wring out the clothes well"; pain all but gone.

*Fibroma of Thigh.*

Miss M. D., æt 35, a lady of highly nervous temperament, came under my care for treatment for a firm round tumour, about the size of a tangerine orange, growing from inner front of left thigh. I watched it for a week or two, and finding it increase, proceeded to remove it. On September 18th, a 5 per cent. *solution of cocaine* was applied by compress to the tumour for three hours beforehand, and five minutes before operation  $\frac{1}{2}$ -grain of *cocaine* was injected on each side of the growth. This evidently saved her much pain, for she barely felt the incision, and bore the removal very well. The incision was elliptical, enclosing a portion of the weakened integument; the capsule was opened and the tumour, a firm rounded growth of fibro-cellular structure, was enucleated. The wound was closed with sutures, allowing for the inserted drainage tube, dressed with *iodoform* and a Southall's pad. It healed well; the tube was removed on the 4th day, the stitches on the 6th, and by the end of the week she was able to be down stairs and in the garden.

*Large Lipoma of Back.*

Mrs. H., æt 58, a very stout lady, weighing 20 stone, consulted me about a large fatty tumour, situated on the back below the right scapula. It measures 7 by 8 inches, but was not clearly defined, blending with the folds of subcutaneous fat extending from the mammary and lumbar regions. Had been growing 18 years, and had come to cause great discomfort to the spine on which it pressed when she was sitting.

She was quite opposed to taking any general anæsthetic. Assisted by Messrs. Gillow and Abbott, on Oct.

27th I proceeded to excise the tumour, first injecting a grain and a half of *cocaine* hypodermically, in six injections along the line which the incision was to occupy. In five minutes I made the incision (about 8 inches long) through the integuments right down upon tumour, which did not cause Mrs. H. any pain. The operation was tedious, lasting about 50 minutes, as the growth was not defined, and had become firmly adherent to surrounding structures. It consisted of a large number of lobes and rootlets, which spread in all directions, some dipping down deeply, and requiring a tedious dissection to free them from their surroundings. I frequently asked Mrs. H. if she felt pain, but she always replied, "No, only tired." Once or twice she winced when it only required a few drops of *cocaine* to be sprinkled on the part on which I was working. She assured me afterwards "that the pain was nothing that any one need have minded," and that she only "felt tired and glad when it was all finished!" The tumour when removed resembled a collection of potatoes of all sizes growing from a common stalk, and the whole mass weighed about  $1\frac{1}{2}$  lbs. The skin was uncommonly thick and strong, and offered great resistance to the needle in sewing up; seven or eight strong silk sutures were inserted, and the wound brought together except at its lowest point, where a large calibred drain tube was introduced. A dressing of *iodoform* and Southall pads was applied. Sleeplessness was met with *acon. coffea*. Owing to her great size she could be but little in bed, her usually most comfortable position being to sit leaning back in an easy chair.

A tremendous hole remained, which took a long while to fill up. No bagging ever occurred, as the drainage was efficient. At the present time, Dec. 21st, healing is almost complete, and she experiences great relief from the removal of various distressing cardiac symptoms which she has suffered from, and which it seems as if the tumour by reflex irritation may have been accountable for.

#### *Lipoma of Chest.*

Mrs. B., æt. 57, asked me to remove for her a small fatty growth situated below the right clavicle near the shoulder. I did so upon Nov. 21st, using a 10 per cent. solution of *cocaine*, of which I injected 15 drops ( $1\frac{1}{2}$  grains) in three injections along surface of the tumour. She

said she felt the cutting, but experienced no pain. The operation lasted about a quarter of an hour, and was painless throughout including the sewing up. The growth was of two lobes, connected by a long narrow neck like the letter H. The wound healed well, and was sound by Dec. 5th.

I have found *cocaine* a useful and efficient local anæsthetic, and in Mrs. H's. case it certainly showed considerable power in this direction. The operation, though long, was comparatively painless, as it was only necessary when sensation was evinced to drop a little more into the wound in order to keep up its effect. About six grains were thus used, and without any ill effect. Bad results have been reported with small amounts. Possibly like chloroform, *cocaine* may be safest when pushed boldly. I have seen no ill results in any of my cases. On the whole we appear to have in the drug a valuable local anæsthetic, which may be found applicable for operations of considerable extent and requiring some time to perform.

I had purposed giving some notes of several interesting urinary and other cases, but these I must omit at present, as this paper has already exceeded the limits I had intended.

Torquay, Jan., 1888.

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## ON THE BEGINNINGS OF DISEASE.

BY DR. JOHN MOORE.

MUCH has been written and done in the way of preventive medicine and sanitation during the Victorian Era. According to Dr. Thorne, who has been recently lecturing on the subject, eight millions per annum are now spent in warding off disease and preserving public health, and the expenditure is justified by the results. In this city a remarkable decrease in the rate of its mortality has taken place during the last 20 years; frequently now the death-rate is as low as in London, which in former years was never the case. The object of this paper is to consider whether it is possible to meet and combat the disease on the threshold, and so prevent it from entering the dwelling and taking up its abode in the tabernacle, and thus becoming an entity with a name and place



amongst the nosologies. A great example has been supplied to us by our great master, Hahnemann, in this department of medicine, by his recommending *belladonna* as a prophylactic of scarlatina, and by *camphor* and *cuprum* in cholera.

If it be objected to the purpose of my paper that it is rarely, if at all, that we *see* disease in its incipient state, it must be remembered that intelligent patients, and especially homœopaths, are prone to administer our medicines in this stage to their children and others; and as domestic works are as numerous as blackberries, and on the whole contain good counsel, we find the early stage, as managed by them, either cut short very judiciously or prolonged unnecessarily, and to their future disadvantage.

Our first comments will be on very familiar derangements of health, which all persons fancy they know how to treat. Take the common catarrh of this climate, whether affecting the nose, throat or chest singly, or all together, as in the influenza. For years domestic books have taught the homœopathic public that the grand remedy for these affections is *aconite*, and the earlier given the better, while it is conceded that in a fully-developed febrile catarrh *aconite* is the remedy indicated.

Many of the catarrhs, at this season of the year especially, are of an asthenic character, and in such *aconite* is decidedly injurious in the early stage and throughout the disorder. The ushering in of a common catarrh is by a chill or shivering fit, more or less protracted, and this is the stage for the administration of *camphor*, five drops of which on sugar, repeated in an hour, will quickly ensure reaction and warmth; if not, a third dose may be given. The patient then takes warm gruel or hot fluids of some kind, goes to bed, and wakes in the morning comparatively himself again; but if not, *then* is the time to select the appropriate medicine—it may be *aconite*, *bryonia*, *gelseminum*, *bell.*, or *arsenicum*. In the majority of cases, *bell.* or *arsen.* and *gelsem.* will complete the cure—*bryonia*, of course, if the chest is involved in the catarrh. My contention is that in the beginning of this very common ailment *camphor*, not *aconite*, is the proper medicine, and that the administration of *aconite* retards recovery by prolonging the cold stage; a prolonged chill stage is a sure forerunner of a

serious disease, whatever it may be, and to hasten on reaction by rousing the nerve-centres is the special sphere of *camphor*, which medicine is sadly neglected in the early chill stage of many diseases, which might often, I verily believe, be greatly reduced in severity and in duration by its timely use. I have lately seen two cases corroborative of the view that *aconite* is really injurious in the cold stage; one, in my own family, from the domestic use of *aconite* on a delicate person seized by a chill; under *aconite* he became colder with a feeling of numbness. I administered *camphor spirit* as above, with the happy effect of ensuring reaction by two doses, and the next morning he awoke "nearly himself again." The other case I was called to visit proved to be a case of broncho-pneumonia with hepatic congestion. It arose in this wise. The patient, about 50 years of age, caught a chill from sitting near an open ventilator while playing cards. That he might lose no time, he took *aconite* at once, had a hot foot-bath and more *aconite*, became colder and restless and had no reaction before the small hours of the morning; then his pulse was 116 with pains in the chest and hepatic region, and a highly-loaded condition of the urine. He was very ill for several days, his pulse and temperature ranging high; but he eventually recovered at the end of a fortnight. In this case I feel confident harm was done by the early administration of the *aconite* before reaction did set in. The heart was very irritable and the congestive condition of the organs tedious in its removal. I pointed out the utter folly of taking *aconite* in the cold stage of the attack, and my impression was that his case was aggravated by the early treatment with *aconite* instead of *camphor*.

We will pass on to the abdominal sphere for illustrations of the importance of attending to the incipient stage of disease, and to note how opposite the appropriate treatment of the early stage may be to the fully-formed disease. The serious character of peritonitis and perityphlitis, when fully developed, will be admitted by all; yet these diseases have their *beginnings*. How do they originate? In nine out of ten cases they arise from hepatic congestion or inaction followed by colic, damp or wet feet being only the exciting cause. The cases in which fruit stones or other foreign bodies

are lodged in the cæcum or vermiform process may be left out of count as only rare occurrences. If called in at the stage of colic, we naturally recur to the medicines for that condition, and probably give *colocynth* or *nux* or *cocculus*, and if these speedily relieve we feel satisfied, but if not we ought to examine the abdomen and especially the track of the colon; if it is found that it is loaded, give at once either oleaginous aperients or enemas and *opium* internally (No. 1). By so doing we may avoid an inflammatory attack—always serious and often dangerous; but if we are called in at a later stage, when we meet with fully-developed perityphlitis, the very *opposite* treatment ought to be adopted. The bowel ought to be kept *at perfect rest*, and *aconite*, *bell.*, or *bryonia* administered as may be deemed best. I believe *bella-donna* a most reliable medicine in these cases and in cases of doubtful nature; *i.e.*, whether inflammatory or spasmodic, I should alternate *opium* with *bell.* Here I would interpose a remark on abdominal affections, showing the great importance of careful physical examination in all cases not yielding quickly to the treatment of subjective symptoms. It is this, *i.e.*, that inflammations in the abdomen sometimes have *intermittent pains*, which may very naturally lead us to consider them as spasmodic or neuralgic and treat them accordingly, while a positive inflammatory action is going on. Now manual examination soon clears up the difficulty. If there is inflammation there is *persistent tenderness* on pressure, even though there be occasional remission of the pains. In my early allopathic days I had a sharp controversy with a professional brother on the subject of ovarian inflammation, and combated the idea of inflammation being present, from the fact that the pain was intermittent; but on manual examination he proved to be right, and since then I have been more particular in practising manual examination in abdominal cases—not omitting at the same time the subjective symptoms. Having cited abdominal affections as illustrations of the importance of attending to the *beginnings* of disease, I may be allowed a little divergence on the disorders of the colon, which are so frequently met with in daily practice and require considerable discrimination in their diagnosis. The most simple and common of these is atony of the muscular coat of the colon producing constipation; but as consti-

pation is a wide subject, and would take up a whole paper, instead of a page, I must content myself by saying that if people took regular daily exercise, and partook more largely of vegetable food and fruit, not forgetting tomatoes cooked or uncooked, and one or two raw apples per day, we should hear much less than we do of their every day complaint.

What is its *beginning*? The hurry and anxious turmoil of life, with the sedentary occupation to which so many are subjected, from the judge on the bench to the clerk in the office, impair nervous and muscular energy, and thus bring on atony of the colon, while insufficient food and early habits of neglect, especially at boarding schools, account for much of the troubles in females. Insufficient stimulus to the liver, especially in *small eaters*, is a frequent cause of constipation. It may shock my teetotal friends to learn that I once cured a lady friend residing in Manchester by ordering her a glass of Guinness's stout every night. Her report to me was "everybody has to take aperient medicine who lives in Manchester." As this happened many years ago, I hope it is not *now* true of that city.

Abdominal spasms have their seat in this viscus generally, and cause intense suffering, though usually brief, and unless they are complicated with hepatic derangement they yield readily to our medicines, *colocynth*, *nux*, *cocculus* or *bell.*, according to the symptoms. The two affections of the colon which I now wish to point out, are its rheumatic and gouty derangements, and they are often so severe as to simulate peritonitis in its *intense pains*. During the last three months I have met with two cases of the above affections. The first was in October in a delicate gentleman aged 63, of spare frame and very temperate habits. He has for years been subject to flying gout, which he inherited from his father, but never had an attack of real gout. He was seized with diarrhoea of rather severe kind, dark greenish stools with pains in the abdomen. He had all his life been subject to constipation, and I regarded this attack as symptomatic of something in the background, and as his face was flushed and he was feverish, I gave him *acon.* and *puls.*, not wanting to suppress the action of the bowels entirely. On my second visit he was still very uneasy. I examined the abdomen generally and especially

the colonic region, and found that he had pains in the ascending arch of the colon from the cæcum upwards, and at my succeeding visit I found the pain shifted its place to the opposite side of the colon, just as his gout was wont to travel from joint to joint. His urine was loaded with uric acid and urates. I diagnosed a case of gouty colitis with depraved biliary secretions, by dint of *merc. sol.* 1 and *bry.* 1, and an occasional dose of *podophyllin*. He made a good recovery; *lycopodium* and *puls.* completed the cure. When these storms had subsided for two or three weeks we ascertained that the left lobe of the liver was giving him trouble, slight enlargement, pain on pressure; but not very violent. *Merc.*, *biniod.* 8x internally and friction with liniment of iodine, 3ss. to ol.-oliv. 3j. externally, set him up thoroughly. Another special colonic case during this month (December) came before me. The young man, aged 26, had suffered from genuine perityphlitis in March, from which he was laid up two weeks. After *aconite* and *opium* were given and poultices applied, *bry.* 1 and *op. a.* completed the cure, the bowels being kept at perfect rest. On December 5th he got chilled at church from sitting in wet trousers. He had violent pains just above the cæcum like cutting of knives, and on examination there was great tenderness on pressure; there was also sickness with bilious vomiting, but the pulse never rose above 80°. I thought *this* strange from the other symptoms indicating inflammation. The urine intensely loaded with uric acid and urates. The pain extended itself along the colon with much tenderness on pressure. I perceived from the symptoms that we had a decided case of rheumatic inflammation of the muscular coat of the colon, with congestion of the liver, and by dint of *merc. sol.* 8 and *bryon.* he gradually improved, but as the cæcum was not involved in the inflammation but appeared loaded, I gave him aperients in *this* case which I should have specially avoided, had the cæcum been involved. In this case *colocynth* did no good, though specially indicated by the symptom, "cutting like knives." This I account for by the hepatic complication. On account of the bilious vomiting, *merc.*, *sol.* and *ipéc.* were prescribed with good effect, and afterwards aperients, as it was manifest the colon was loaded, and *lycopodium* and *bry.* completed the cure. What are the *beginnings* of these colonic affections? for

that is my subject. Clearly hepatic congestion or inaction and atony of the muscular coat of the colon ; and if these early derangements were attended to, serious attacks might be avoided, or else be made very short in their duration.

I shall now pass on to inflammatory gout for illustrations of the importance of attending to the "beginnings of disease." We all know how frequently gout is a hereditary disease, and however carefully the subject of such heredity may live, he cannot always escape. I have known a lad ten years old have an attack of gout, so strong has its innate tendency been ; but I hesitate not to affirm that by far the greater number of cases of gout may be avoided by careful living and constant daily exercise. It cannot be questioned that derangements of the digestive and assimilatory organs *precede, as a rule*, the outward manifestations of this disease ; in some cases, the stomach, in others, the liver, is first at fault. If heed is given to these deviations from health, the full development of the disease may be thwarted. The treatment must be adapted to the special symptoms, as in all other diseases treated homœopathically. In the majority of cases of incipient gout, there may be noticed *diminution of the secretions*, sometimes of the alvine, or the renal, or the cutaneous secretion, and in bad cases of all. Now is the time for active treatment ; if hepatic inaction exists, *podophyllin* and *nux* ; if the renal secretion is deficient, *colchicum*, *berberis* or *cantharides* ; and if the stomach is deranged, *pulsatilla* or *nux* ; and in addition to medicine the Turkish bath or vapour bath, and at once a complete change of diet from rich and red meats to fish and white food and vegetables, discontinuing all alcoholic drinks, and using only lemonade or lemon juice.

There is one form of gout which does not reveal its beginning ; it occurs in persons of robust constitution, and who are given to high living, and are in the highest health and spirits while on the very eve of an attack. The blood appears to be charged to the uttermost with the gouty virus, and an explosion takes place on the joint, which may be tedious and distressing, yet with no increase of pulse or loss of appetite. This leads me to notice the peculiarity of gout as distinguished from all other inflammatory diseases, viz., that violent attacks do



occur and run their course without any increase of the circulation, and without the loss of appetite. The other peculiarity of gout is its alliance with lead-poisoning. The administration of lead will bring on an attack of gout. Garrod explains this by stating that lead arrests the secretion of uric acid by the kidneys, and he has found that the blood of those affected by lead paralysis is always highly charged with uric acid. Might not *colchicum* be employed as a remedy in the said paralysis? and in lead colic also I perceive that Allen sets *plumbum* down amongst the gouty remedies.

A word or two on Rheumatic Arthritis, or rheumatic gout as it is popularly called. We meet frequently with lamentable cases of crippled joints; either the patients cannot walk, or only very hobbly, and for years they drag on a miserable existence. Surely these cases, if treated at the beginning and persistently, might have been prevented from lapsing into such a hopeless state. What is their beginning? a gouty and inflammatory condition, producing ostitis or periostitis with synovitis or perichondritis, the gout taking place in the *smaller* joints as well as the *larger* ones, with deposits of the urate of soda. Perichondritis, I believe to be the worst form of this disease in the knee joints. What can we do for this disease? Very little when fully developed, I fear, but much in the *beginning*, and chiefly by pursuing the indicated medicines for acute states, and regulating the diet. The old school can only suggest three things for the fully-developed disease—*oleum jecoris aselli*, *arsenic* and *iron*. I should suggest massage to the crippled joints and the *iodide of arsenic*, *iodide of iron*, *iodide of baryta* or *iodide of potassium*, as may be indicated. Dr. Hawkes has found great benefit from *fraxinus excelsior*, as suggested by Dr. Hughes, in these cases.

Lastly, I claim your indulgence while I make a few remarks on Phthisis. All will admit that this is a disease demanding special attention in its *incipient* stage, because if this stage is neglected or overlooked the next stage of the disease may baffle our most skilful efforts, for disorganisation of the living tissue may have set in, as in some cases of this disease it is well known to do with wondrous rapidity, and defy our curative resources. This rapidity of the disease may occur when both parents are consumptive, and the inherited tendency



therefore very strong; in ordinary cases we all know how slowly it progresses. The early symptoms may be briefly stated as follows:—A short dry cough; a little dyspnoea on walking fast; an increase of the pulse and temperature once in 24 hours; morning perspirations, which may be slight or, on the contrary, well marked; a falling off of the appetite or otherwise, and most frequently an imperfect digestion. These, with the loss of the natural weight, constitute a group of symptoms that call for close attention. If the chest is examined by the stethoscope imperfect respiration is met with in the anterior and superior portion of the lungs, and percussion gives a duller sound than natural—generally in one lung at first, afterwards in both, if the disease is not checked. The pathology of this disease is well understood. At this early stage we have tubercles deposited in the upper part of the lungs. What are tubercles? Caseous deposits of various kinds, but all tending to inflammation and suppuration if irritated either from within or without; if in females amenorrhoea added to other symptoms. What are we called upon to do? Clearly two things: to prevent an increase of tuberculous deposit if possible, and to prevent inflammation in those already existing. The first indication is met by correcting the digestive derangements, whatever they may be, and the administration of those medicines and foods which tend to build up the system—*cod-liver oil* and fatty meats—and a course of medicines chosen from *arsen.*, *phosphorus*, *calc.*, *kali carb.* and *ferrum*, *calc. phosphorica*, *calc. muriate* and *sulphur*. In my own practice I think I have seen most good in arresting the tubercular deposits from *calcareo phosphorica* 3rd decimal and *ol. jecoris*.

The second indication in this incipient stage is to prevent inflammatory action in the tubercle, and remembering how easily catarrhal inflammation is set up from without in this climate, and soon spreads to the parenchyma, avoidance of cold and specially of damp air is a primary consideration; and where persons can afford it, they are wise in resorting to a warm and dry air throughout our winter and spring season, of which, more hereafter. As to the treatment, the usually indicated medicines, according to the symptoms, are *aconite*, *phos.*, *bry.*, and *kali carbonica*; according to some, if stitchy pains are present, *kali carb.* is the remedy. It

may be wise of us to remember that we have inflammation to treat here with feeble vitality, and *aconite* should be used sparingly; *arsen.* and *phos.*, and *tart.*, *stib.* and *ipéc.* will often be found most serviceable in all these pneumonic inflammations, and indeed in all affections where the respiratory apparatus is concerned.

Miserable as our winter climate is, we need not make it more so by allowing the patient to sleep in a bedroom *without a fire*, and yet we know that many poor phthisical patients are in the habit of doing so, and bronchitic ones also, on the score of economy; whereas the avoidance of an acute attack is of immense importance, and it is therefore an unwise parsimoniousness to save a fire where people are in moderate circumstances, and it is of such that I am now writing.

#### WINTER RESIDENCES.

We are often asked by our rich patients "Where shall we winter?" "What is the best place for my delicate son or daughter?" and it is a very difficult matter to decide in every individual case. Will a sea voyage be the best thing in this or that case? I have great faith in sea voyages to a warmer climate in the early stage of phthisis, provided that the sea-side has been hitherto a comfort and help to the patient; but when told "he is never well at the sea-side," or "he has gone to sea for two or three days and has been ill for a week or a fortnight afterwards," then I decide against a sea voyage. Some people are "never (thoroughly) sick at sea," but never well. These ought not to be treated to a long voyage. I decided last month against sending a young gentleman to New Zealand from the above considerations, and his parents sent him to the south of Europe instead. Dr. Alfred Drysdale, in the last number of the *Review*, has given a very clear and differential judgment on the Riviera and high latitudes, specially with reference to Davos. I am thoroughly convinced that his view is the correct one, when he gives the palm to a warm winter climate, where the patient can be inhaling ozone in the open air for several hours in the day instead of standing by a stove and struggling to keep himself warm, as he has to do at Davos. But I am of opinion, with many others, that Egypt and South Africa are preferable to either of the above places for serious cases, and especially

for hæmorrhagic ones. A minister of religion is about to open a Home near Cairo for invalids, as he is obliged to live in Egypt on account of attacks of hæmorrhage from the lungs, to which he has been repeatedly subject in England, but always escapes them in Egypt.

Time and space prevent me from going more fully into my subject; if my paper will move younger and abler men to follow up the enquiry into "The Beginnings of Disease," I doubt not that benefit will accrue therefrom to mankind. What immortal honour awaits the man who will detect the beginnings of cancer and show the possibility of arresting its progress?

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## HISTORICAL NOTES OF THE INTRODUCTION OF HOMŒOPATHY IN THE NORTHERN PART OF HUNGARY.

By Dr. AUREL KRAYZELL, Head Physician of the County  
of Saros.\*

Translated by Dr. ROTH.

AMONGST all the counties in Upper Hungary that of Saros has always been known as the one in which homœopathy has mostly spread, and since the completion of the first quarter of this century, its advocates there have been numerous. Before the first outbreak of cholera, there practised in Eperies—the principal town of Saros—a clever homœopath, called Heilman, who had previously been a military surgeon, and was afterwards employed by the Government at Sóvár. He was very much engaged during the cholera epidemic in the year 1831, and was himself repeatedly attacked by the disease: during each attack he was nursed by his wife, and from each recovered by his own homœopathic treatment. Seized for the fourth time with cholera, and being unconscious, he was treated by allopaths and died. One of my old patients, who, two years ago, died in Bartfeld, in his 87th year, a landed proprietor and manager of his own estates, Ignatz de Kaminszky, born in Poland, knew Heilman personally, and assured me

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\* After the International Congress of Hygiene, in Vienna, I accidentally met Dr. Krayzell, and asked him to give me a few notes of the early history of homœopathy in the northern part of Hungary. These appearing to me likely to prove sufficiently interesting to my colleagues, I have translated them.

that he was a strict Hahnemannian, and that he made splendid cures. He also cured this old gentleman, Kaminszky, who had suffered from very severe headaches, which had continued for many years, and the cure was so perfect that the headaches never returned. This success induced Mr. Kaminszky to study homœopathy most zealously. I have rarely seen any one so intensely convinced of the power and value of homœopathy as was Mr. Kaminszky, a very intelligent man of great mental abilities and possessing much firmness of character. He himself lived for 40 years after Heilman's death, adhering strictly to homœopathy to the end of his life, treated gratuitously an innumerable number of poor patients belonging, not only to this county, but also to Galicia. He was the most popular and highly respected man in the whole county. His knowledge of homœopathy, and his experience in the treatment of domestic animals, was indeed most astonishing. As a landed proprietor he possessed a large stock of cattle, and I had frequent opportunities of convincing myself personally that he was able, quickly and surely, to relieve the animals as soon as they were taken ill, and how he was able to prevent his large stock from being taken ill, notwithstanding the repeated epidemics which visited that part of the country.

After 1840 Dr. John Gartemann, a native of Eperies, began to practise as a homœopath in this town. He was a successful practitioner, and his open and natural manners rendered him generally liked. Unfortunately his work did not last long; his domestic life was not a happy one; he became passionately devoted to field sports, and died of tuberculosis.

After Dr. Gartemann's death Dr. Martin Hlatky practised as a homœopath in Eperies, where he had previously acquired a good name as an allopath. He had by degrees given up practice during his predecessor's life, and began not only to study homœopathy, but he placed his children, when ill, under Dr. Gartemann.

Dr. Hlatky was a thoughtful, genial practitioner, and contributed considerably to the spread of homœopathy by his numerous and successful cures. Unhappily he was brusque in manner, difficult to approach, and not very sociable. Hence much of his homœopathic experience was lost.

I commenced to practise homœopathy in the year 1857 as a young medical man in my native town, as Dr. Hlatky's colleague, having been previously engaged in the study of homœopathy at Vienna and Budapest. It is my duty to remember most gratefully the Drs. Hausman, Moskovies and Cardos, who most kindly assisted me by their advice and experience. To Dr. Hlatky I owe much gratitude for the practical instruction I received from him.

In the year 1861 I was nominated honorary *Physicus* of the County as representative of homœopathy by the Lord Lieutenant, the highest official of the county of Saros, the Count George Andrassy.

Ten years later, after the death of the Physicus of the County, Dr. Bartsch, I was nominated as actual Physicus by the Vice-Lieutenant of the county, Felis de Szinnyi, and in the following year I was unanimously chosen by the general congregation of the county as Physicus, which office I am still holding.

In the years 1872 and '73, during the epidemic of cholera, my whole energy and time were devoted to my public duties. The epidemic lasted for an entire year, and in consequence of my appointment as head physician of the county I was during all that time at the head of six district physicians and fourteen cholera physicians, and therefore I was almost obliged to give up my private practice. For this reason one of my principal patients, the Countess Julius Dessewffy, left with her children for the winter station, Görcz, and on her return she engaged in Vienna a young homœopathist, Dr. Felix Parcherr, who had practised with Dr. F. Müller, to reside on her estates in Finta, near Eperies, and where he practised for more than a year. He settled afterwards in Eperies, where he is still in practice.

I must also mention a few enthusiasts who have contributed very much to the spread of homœopathy in Saros.

In 1840 Mr. Samuel Steinhübel, a private gentleman, and the advocate Baranyai in Eperies, the Evangelical pastor Teöreök, and the landed proprietor Robert Löw, in Bartfeld, all of whom, as well as the Evangelical pastor, Frederick Fizeli, in Abos, were enthusiastic followers and propagators of Hahnemann's doctrine; the

last continues to enjoy even at present the confidence of the inhabitants of the southern parts of the county.

The county of Saros has proved its great interest in homœopathy by having been the first to sign the monster petition to the Hungarian Parliament for the establishment of a chair of Homœopathy in the University of Budapest. Saros contains a large number of partisans of homœopathy, not merely in the higher and more educated classes, but also among the peasantry. Since the peasant gained his liberty he is obliged to take care of his health himself, only the really poor being permitted to be treated at the public expense by the district medical officers. The peasant therefore applies to the medical man in whom he has the greatest confidence, and it is not only that homœopathic treatment is less expensive, but the more favourable results obtained by it induce him to prefer this method.

If he has been once relieved of violent pains, or been cured of nasty-looking ulcers, or some painful indigestion, he soon trusts the small homœopathic doses and asks for them again when suffering. I am always treating homœopathically, and I have repeatedly succeeded in preventing whole villages from epidemic complaints by using the specifically indicated medicines, after all the efforts of the allopathic district medical officers have been employed in vain.

The greatest and most important support to homœopathy in Hungary is given by the aristocracy, who are very favourable to this mode of treatment. As for instance, the Counts Desseffy, who are large proprietors in Saros, but live at present on their principal estate, Kiralytelek, in Szabolcs, containing about 10,000 acres.

The present *Judex Curiae*, His Excellency Paul Sennyey, President of the House of Lords, with his family, have been for many years amongst my patients, and I am frequently obliged to visit them professionally on their estates, and many noble families in the county are old standing partisans of homœopathy, and are either under mine or Dr. Parcherr's treatment. In the neighbouring county of Zips there are many lay homœopaths who occasionally practise homœopathy, but as far as I know there is no qualified homœopathic doctor. The same is the case in the counties of Liptau and Jömör. Dr. Kain, in Kaschau, is the only homœo-

pathist there. He succeeded Dr. Roth at present in London, in the year 1849. This latter gentleman was the first homœopathist in Kaschau where he practised till 1849, when he left in consequence of political events.

During the nine years that Dr. Roth practised in the county of Abauj, homœopathy spread amongst all classes, and a large number of the nobility and high aristocratic families in this and the adjacent counties were treated homœopathically, a great share of this aristocratic conversion to homœopathy was due to the successful treatment of Dr. Moskovitz, who was the first homœopathic practitioner in Ujhely, in the county of Zempleny, who afterwards established himself at Budapest, where he had a large practice and was raised to the rank of nobility by the title of De Zempleny. I hope soon to be able to say more on the present state of homœopathy in the capital of Hungary.

*Additional Notes by Dr. Roth.*

Having mentioned homœopathy in the northern parts of Hungary, I may add that I visited in Budapest the three homœopathic hospitals, of which the largest is the New Rochus hospital, which is built on the best sanitary principles and where one of the pavilions is placed entirely under the care of the well-known and learned Dr. Bakody, who is also Professor of Homœopathy at the University of Budapest.

The second hospital has been founded mostly by Protestants and Lutherans, and is called Bethesda, situated in a very charming wooded part in the outskirts. They have about 60 to 70 beds, and a small charge is made to all patients except those who are admitted to the foundation beds. I have received the reports of the last ten years, and I shall be glad to lend them to anyone interested in homœopathic statistics.

The third hospital contains about 50 patients, in one of the suburbs of Budapest, is called Elizabetheum, and is supported by voluntary subscriptions. Students of homœopathy have therefore plenty of opportunities of studying the theory and practice of homœopathy at Budapest. All the medical officers of the three institutions I have named, but especially Professor Bakody, are most anxious to impart their knowledge and experience to the students.



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REVIEWS.

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*The Medical Annual and Practitioners' Index, 1888.* Bristol : John Wright & Co., Stone Bridge. London : Hamilton, Adams & Co., Paternoster Row.

THIS valuable compendium of advancing therapeutics, now in its sixth year, again merits our heartiest commendation. We are glad to find that it is so generally appreciated by the profession. Last year's edition, we are informed, was rapidly exhausted, and a reprint of it called for; while this, we believe, is now practically out of print. That the volume before us will meet with a similar measure of success, we do not doubt. It presents, in a concise form, just what most practitioners want to know, while the information it gives has been collected by precisely those physicians and surgeons, who, from the bent of their studies, are best qualified to be able to judge what it is desirable that the general practitioner should possess some permanent record of.

The first hundred pages consist of brief practical notes of the properties and uses of more or less "*New Remedies*," under the editorship of Dr. Percy Wilde.

The next section, entitled "*New Treatment*," contains a large variety of recently acquired information regarding the treatment of numerous forms of disease and injury, arranged alphabetically. This portion of the work has been done by Dr. Fothergill, Dr. Michell Clarke, Dr. Prosser James, Mr. Skene Keith, Mr. Urban Pritchard, Mr. J. W. Taylor, Dr. Mortimer Granville, Dr. Bateman, and other well-known physicians and surgeons.

It is completed by a list of the new books published during last year; one of the Hydropathic Establishments, of Inebriates' Homes, and Lunatic Asylums, and an account of the various improvements that have been made in pharmacy, and in invalid's foods, and surgical and diagnostic instruments.

All practitioners will find this "*Annual*" a most useful work of reference.

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*The "More Excellent Way" in the Practice of Medicine.* By J. C. DAY, M.D., Lond. London : Gould & Son, 59, Moorgate Street. 1888.

THE more excellent way in the practice of medicine is, in Dr. Day's as well as in our own opinion, homœopathy. That he has come to think it so is not the result of mere reading or of a brief clinical enquiry, but the outcome of many years of extensive practical application of it. His pamphlet is a record of his testimony to its value as a therapeutic method, rather than an exposition of its principles; and testimony derived from such long and large experience is ever welcome.

*Odium Medicum and Homœopathy.* Reprinted from *The Times*, with additions. London: Homœopathic Publishing Company, Warwick Lane, Paternoster Row.

*Freedom of Opinion in Medicine: The Odium Medicum.* An Annotated Resumé of the Correspondence in *The Times*, entitled *Odium Medicum*. London: Gould & Son, 59, Moorgate Street, E.C.

THE first of these two pamphlets contains a *verbatim* report of the judgment of Mr. Justice Manisty in the action which gave rise to the correspondence in *The Times*, and that of the Master of the Rolls, and Lords Justices Fry and Lopes in the appeal against Mr. Justice Manisty's ruling, followed by the correspondence itself. In an appendix, are letters from Lord Grimthorpe, Messrs. Gould & Son, Messrs. Keene & Ashwell, and Mr. Heath, which arrived at *The Times* office after the discussion was closed.

The second, is a reprint of the article which appeared in this *Review*, in which we gave the salient points of the controversy with some remarks of our own upon it. The letter from Dr. Dyce Brown, which was sent after the correspondence had been terminated, is added *in extenso*.

As a record of the most important public discussion on the subject of homœopathy which has taken place in this country, every one will, we are sure, be glad to possess a copy of *The Times* correspondence. As a reference in the future it will certainly possess very considerable value.

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## MEETINGS OF SOCIETIES.

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### THE MEDICAL REFORM UNION.

Being an Association of Practitioners who accept the Homœopathic Principle in Therapeutics.

A GENERAL MEETING of the Council of this Association was held at the London Homœopathic Hospital on March 8th, Dr. Dyce-Brown in the chair.

Mr. Knox-Shaw proposed and Dr. Hughes seconded that the following twenty-four gentlemen be named the Council, with power to add to their number, viz.:—Dr. Dyce-Brown, Dr. Hughes, Dr. Pope, Dr. Harper, Dr. Bryce, Dr. Tuckey, Dr. Pullar, Dr. Süß-Hahnemann, Dr. McConnell Reed, Dr. Robert Reed, Dr. Alexander, Dr. Jagielski, Dr. Williams, Dr. Frank Nankivell, Dr. Stonham, Dr. Hayle, Dr. Roberson Day, Dr. Greig, Dr. Percy Wilde, Dr. E. A. Neatby, and Messrs. Knox-Shaw, Jno. Wilde, Stopford and Murray.

Of these the following gentlemen will form the Executive Council:—Dr. Dyce-Brown, Dr. Hughes, Dr. Pope, Dr. Harper, Dr. Tuckey, Dr. Roberson Day, Dr. Jagielski, Dr. Percy Wilde, Dr. E. A. Neatby, and Mr. Knox-Shaw.

The Council next discussed the question of the title of the Association, and decided that, taking into consideration the whole of its objects, the title found at the head of this report is the most expressive and convenient. This title was proposed by Mr. Knox-Shaw, seconded by Dr. E. A. Neatby, and unanimously adopted. The rest of the meeting was occupied by the revision of the statement of principle, careful consideration being given to the amendments suggested by various members.

The meeting adjourned for the completion of its work at a quarter before 10 o'clock.

The following is the

OFFICIAL STATEMENT OF PRINCIPLE

agreed to at this meeting:—

1.—The aim of those physicians, who by reason of study and experience have accepted the homœopathic principle in therapeutics, is to advance medical science and to give precision and stability to the practice of therapeutics, by placing it upon a basis which shall not be dependent upon any theories of disease or drug-action, which may now be or formerly have been held.

2. This has been their aim in testing the action of drugs upon the human healthy body, and carefully recording the actual symptoms and morbid changes which each produces; and in collecting cases of poisoning recorded in past and current medical literature. This collection of observations forms a *Materia Medica* which must be true for all time, the only source of error being a possible inaccuracy or insufficiency of observation, and this can be eliminated by repeated experiments.

3. While adopting this method as a means of insuring a safe and permanent foundation, they recognise the advantage of employing all means of research and all existing pathological knowledge to aid them in interpreting the results of their observations, in order to render them more accessible for employment in disease. But such conclusions being more liable to error they recognise the advisability of reporting them apart from, and in a form supplementary to the *Materia Medica*.

4. When treating disease, it is their aim to select that remedy which has the closest relation to the morbid state. They hold that this may be discovered (without the intervention of any theory of disease or drug-action), by choosing

that drug which produces symptoms (objective and subjective) upon the healthy body, most nearly resembling the symptoms of the disease. They attach little importance to any explanation which may be offered of this rule; they state it as a fact and rely upon experiment for its proof.

5. The proper dose of remedies selected upon the homœopathic principle must be determined by the experience of those who employ them. As such remedies would ordinarily aggravate the disease if given in large doses, the dose must necessarily be fixed with a view to avoiding such aggravation.

6. They hold that drugs should be administered singly, without admixture, except in such cases where the effects produced by a combination of drugs have been exactly ascertained by previous experiment.

7. While it is their special object to discover the relation of drugs to the diseased state, they do not exclude from their study or practice any method by which disease may be prevented, or which may assist the natural powers towards recovery. They also recognise that all curative methods have their limitations, and that there are painful and incurable diseases in which the alleviation of suffering is the only help which can be rendered by the physician.

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Comment and criticism are invited on the foregoing.

The secretaries desire to take this opportunity of thanking those gentlemen who have responded to the circular issued by them in February, and especially those who have favoured them with suggestions or have enclosed subscriptions.

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## NOTABILIA.

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### "MEDICAL SCIENCE IN RELATION TO HOMŒOPATHY."

SUCH is the title of an article in *The National Review* for March, signed "R. B. C." As a motto he takes the words *Felix qui potuit rerum cognoscere causas*. This is true enough; but, to be germane to his subject, to be able so to set forth the relation of medical science to homœopathy as to show good and sufficient reason why "those whom I may call, for the sake of brevity, the practitioners of scientific medicine, decline to consult or to co-operate with homœopaths, or to admit them to professional brotherhood or fellowship," he should not only know something about what he terms scientific medicine, but something also about homœopathy—for "a man is the better for knowing *something* about the subject on which he writes." "R. B. C.," however, is quite content to appear ignorant of homœopathy. He has had an opportunity of

learning a little about it lately; but in *The National Review* he exhibits the same cynical indifference to facts regarding it that he did in *The Times*. For our part we do not affect to feel any surprise at this. "R. B. C." is the same now as he ever was!

Having referred to Mr. Millican's action against the Committee of the Jubilee Hospital, and described him as "claiming large damages,"—though he must have known, through the reports in the papers, that Mr. Justice Manisty in the course of his judgment remarked, "As to damages, the plaintiff said he would be content with merely nominal damages,"—he notices Lord Grimthorpe's appeal to public opinion in *The Times*. In doing so he says his Lordship's "challenge was accepted by two or three writers on behalf of the profession of medicine, writers who, for the most part, were content to veil their identity behind initials; and their letters afforded an opportunity to several homœopaths to air their names, qualifications, and places of abode before the public." What is the fact? Of non-homœopaths (excluding Mr. Millican, who wrote simply as the plaintiff in the action which gave rise to the correspondence) six medical men wrote to *The Times* giving their names, &c., while only two (scarcely "the most part") signed with initials, "J. C. B." and "R. B. C.," the latter doing so with a Pecksniffian affectation of professional propriety, combined with a display of that vanity which seems to be with him so strong a motive power, in the following words: "Having no desire for an advertisement I will not sign this letter with my name; but my initials will hardly conceal my identity from the members of my own profession." The reason why "R. B. C." did not "air" his full name, &c., in the columns of *The Times* is that his literary engagements are such as preclude him from attaching his name to letters and articles in political and literary journals. His necessity he would have us believe is a virtue! Hence his declaration that he has no desire for an advertisement becomes the merest "cant!" He consoles himself though with the reflection that his very initials are sufficient to ensure his recognition by the profession! "R. B. C.'s" opinion of the professional eminence of "R. B. C." is clearly a lofty one!

With these illustrations of "R. B. C.'s" reliability as a narrator of facts, we will proceed to consider the remainder of his observations. He says, "Men who hold, as I do, that everything distinctive of homœopathic teaching is unsound in principle, and would certainly be disastrous in practice, are morally bound to withhold their sanction, whether open or tacit, from all who profess to accept such teaching as a guide in the emergencies of illness." If a

man is so utterly uninformed as to hold notions such as these, notions which have been proved to be false by an enormous mass of experimental evidence, he may feel himself bound to withhold his sanction from those who know from many years of practical experience that they are false; but he has no right to compel others to do as he feels "bound" to do. As Professor Gairdner said twenty years ago, "No one has a title to say to any one else, "I insist that you believe so and so or I will disown you as a professional brother." It was against the right to do this that Lord Grimthorpe protested, and that all liberal-minded and well-informed men, both within and without the medical profession, join with him in protesting.

"R. B. C." next professes some doubt as to the precise position which should be assigned to Mr. Millican's contribution to *The Nineteenth Century*, adding, as a reason, that "its leading idea is that there is not much difference between scientific medicine and homœopathy, and" he is "uncertain whether to regard him as a homœopath or not." If "R. B. C." had read the opening paragraph of Mr. Millican's article, he would have had no difficulty, had he not desired to find one, in ascertaining its author's position. In this paragraph Mr. Millican, after regarding the existence in the medical profession of two opposing schools, "one of which refuses to hold any professional intercourse with the other," as a public calamity, says:—"I propose, in this present article, to examine and enquire into the origin of this schism and the grounds upon which it is at present maintained, in the hope that a candid and dispassionate consideration thereof may do something, if ever so little, towards the healing of the breach." "R. B. C.," on the other hand, disdains examination and enquiry, he is incapable of a candid and dispassionate consideration of the subject, and therefore plunges away into the controversy heedless of facts, and trusts to his powers of self-assertion and his capacity to mislead to influence his readers. With that cynicism for which he is so well-known, he writes of Mr. Millican: "I am inclined to think that his position may be analogous to that of a diplomatic agent who is working under secret instructions, and who must expect to be disavowed if the turn of events should render his proceedings sources of embarrassment to his government." Is it possible for "R. B. C." to credit any one with acting from pure intentions or honourable motives?

He then declares that he will "rest his brief account of the present position of homœopathy mainly upon the statements of writers whose authority can scarcely be called in question." In the very next sentence he shows how he fulfils this undertaking by saying: "The most important fact disclosed by these statements is that the representative homœopaths of

the present day have practically abandoned the doctrines of the founder of the sect!" That "these statements" disclose nothing of the kind is apparent to any one who has read them with any knowledge of what homœopathy is. As evidence that his assertion is correct he says that the so-called doctrine of "psora"—which, as he knows perfectly well, has no connection with homœopathy—has been "abandoned;" that the so-called doctrine, "that medicines increase in activity in proportion to the extent of their dilution"—which he also knows has nothing to do with homœopathy—has been "surrendered;" and that "infinitesimal doses" are no longer insisted on, while, in point of fact, they never were "insisted on," but that now "dosage is a matter of experience"—as it ever was, and as long as men are wise enough to think and act for themselves, ever will be. "The one feature of the original homœopathy which remains to them is," he says, "the doctrine of similars." Then follow quotations from one of Dr. Dyce Brown's letters to the *Times* to sustain the position he has endeavoured to make good. He who can read these paragraphs and see in them any support to "R. B. C.'s" notions must indeed have a capacity for inferring that a writer's meaning is the very opposite of that which is clearly expressed by him. But then "R. B. C." has a capacity of this kind and when the occasion requires exercises it.

The amount of information he received through the columns of *The Times* does not appear to have satisfied him. Like Oliver Twist he "asks for more." "I feel uncertain," he writes, "whether their therapeutic rule would be satisfied by a medicine which produced symptoms identically the same as those under which the patient was suffering, or whether the word 'similar' must be taken to imply mere resemblance, the closest attainable resemblance, but yet something which is not identity. In the former case the proper remedy, say, for poisoning by opium, would be more opium; in the latter it might possibly be some other narcotic." The first thing that strikes us here is the audacity with which a man must be inspired who undertakes to set forth a subject in a first-class *Review* as to the elementary principle of which he confesses himself "uncertain." We wonder that the editor did not return his manuscript with a strong hint that he should get his subject up more thoroughly before pretending to pose as an authority upon it. "If mere similarity will do," he continues, "it may often be attainable in a superficial manner by medicines which fail to produce any real resemblance." This is a purely original idea evolved from the inner consciousness of "R. B. C."! Similarity, we have always understood to involve a "real resemblance" or not to be any



“ similarity ” at all. To make sure that the similarity between the symptoms a drug produces in health and those it is given to cure in disease should be real, Hahnemann insisted upon the resemblance being to *the totality* of the symptoms presented by disease.

“ On the part of scientific medicine,” R. B. C. “ ventures to formulate certain counter propositions.”

“ (a) ‘ Symptoms ’ as such are not the proper objects of treatment. They should be used as guides in the investigation of diseased conditions ; and the nature of these conditions should determine the selection of remedies. A necessity to treat symptoms may, indeed, arise, but only in cases, year by year diminishing in number, in which the nature of the underlying conditions has not been ascertained.”

Never have drugs been prescribed with greater injury to the patient than when their prescription has been based upon a speculative pathology. For example, have not the so-called germicides administered to patients suffering from “ conditions ” assumed to be due to microbes been more fatal to the former than to the latter ? The general discredit into which such medicines are rapidly falling would seem to indicate as much. The truth is, that symptoms when regarded individually are useless either for diagnosis, prognosis, or therapeutics ; when taken collectively they are true guides in each direction. They reflect the morbid condition present. Doing so, and wishing to secure a medicine which is capable of producing a similar condition, we take the *collective* symptoms as our guide, feeling sure that if a medicine produces a certain series of symptoms the condition which provokes them must more or less closely resemble the condition reflected by a like series of symptoms in disease. If, that is to say, the symptoms are similar, the conditions provoking them are so likewise. The necessity to treat individual symptoms ought never to arise. That it does so, when a speculative pathology is required to put therapeutic measures in force, shows at once the uncertain and unscientific character of a therapeia so based.

“ (b). Medicines which will produce, in a healthy person, symptoms similar to those from which the patient is actually suffering, are only useful in the limited number of cases in which these symptoms might be loosely described as the consequences of ‘ a curative effort on the part of nature ; ’ that is, in which they are the expression of changes tending towards the promotion of recovery.”

This paragraph shows, *first*, that “ R. B. C.’s ” experience in the treatment of disease with homœopathically indicated remedies is limited, and *secondly*, that even he admits the utility of medicine so indicated in “ a limited number of

cases." His explanation of this will not bear examination. Take, for example, an illustration with which, as it has been frequently used of late, "R. B. C." may be supposed to be familiar, that of *ipêcacuanha* in vomiting. It is by doses far too small to excite vomiting that it checks the vomiting, which may be looked upon by "R. B. C." as "a curative effort on the part of nature." When indicated by the vomiting *and its concomitant symptoms*, this drug given in minute doses allays the irritation which has caused them, it relieves the "condition." And thus it is in all cases where "medicines which will produce, in a healthy person, symptoms similar to those from which the patient is actually suffering" are prescribed.

"(c) Small (but still tangible) doses have come into extensive use in modern medicine, partly because chemists have succeeded in separating the active principles of many drugs from a considerable bulk of inert material, and partly from the introduction of new agents which are too powerful to be given in any but minute quantities. Infinitesimal doses, such as those which homœopaths profess to use, cannot be shown to be present in the medicines which are administered, nor, if their presence is conceded, can they be shown to exert any action on the removing.

The first half of this paragraph bears no relation to the subject under discussion and we therefore pass it by. The second contains a couple of statements made in an off-hand fashion, statements which all who have qualified themselves by experiment for criticising them, know to be the reverse of true. The presence of matter in infinitesimal quantity has been demonstrated by the joint agency of the microscope and the chemical reagent, while the physiological test has determined its existence in a still more infinitesimal form. "R. B. C." not satisfied with asserting that which he has never made one single attempt to ascertain the truth of, still further declares that infinitesimal doses of medicine cannot "be shown to exert any action on the human economy!" Whether an infinitesimal dose of medicine has any action on the human economy or not is a question which experiment alone can answer. "R. B. C." who never made a single experiment of the kind in his life, says that it cannot. Many thousands of medical men who have made the experiment millions of times say that an infinitesimal dose of medicinal matter has an action on the human economy under certain circumstances.

Then we are treated to a large amount of grandiosely written nonsense. "The empirical teaching of homœopathy is in harmony with all those traditions, survivals from the dark ages of medicine, which still linger in nurseries, and

which sink deeply into the minds of children." What does "R. B. C."—a man who a page or so before has confessed his uncertainty as to the meaning of the principle the practical application of which constitutes the "teaching of homœopathy"—know about such teaching?

Now comes some "tall" writing about the accumulated knowledge of previous generations being built up into general principles, "sometimes explanatory of the causation of symptoms and sometimes of the action of medicines," principles which are being daily applied in new directions with the most beneficial results! The object of this statement appears to be to enable him to add: "Neither the principles nor the results can be appreciated at their true value until the mind has been prepared for them by some special education." In plain English, unless a person has enjoyed the advantages of a medical education, he is quite incapable of judging whether a medicine has done him any good or not! When in a given disease, under a certain mode of treatment, the mortality is 51.4 per cent., and under another 16.8 per cent., does "R. B. C." mean to say that a medical education is required to ascertain which is the more successful, which the more desirable of the two? He may try to make people think so, but the effort is useless.

Next we have some cock-and-bull stories about people who, not having studied electricity in general and the electric telegraph in particular, have been imposed upon to the extent of supposing, on the assurance of a railway guard or porter of the "R. B. C." type, that their missing coat had been telegraphed for and had arrived "per wire," while the article suspended over the said wire is exhibited to them! The "R. B. C." porter is able to dupe the unsuspecting passenger because the said passenger has not studied the principles of electricity, and he assumes that, similarly, patients are, from want of a medical education, unable to gauge the relative value of homœopathy and "R. B. C." empiricism!

"*L'Audace, l'audace, toujours l'audace!*" said Danton, and "R. B. C." acts upon his principle. He quotes an admirable passage from Faraday's lecture on *Mental Education*. Had he but taken in and practically applied the teaching of that lecture he never would have written a letter to *The Times* on homœopathy, nor would he have prepared an article for the *National Review* regarding it. Faraday insists upon the necessity for knowing the conditions of the matter respecting which we are called upon to make a judgment. "R. B. C." confesses his "uncertainty" about the meaning of the words conveying the doctrine respecting which he presumes to make a judgment! Again, Faraday says, "The force of the

temptation which urges us to seek for such evidence and appearances as are in favour of our desires, and to disregard those which oppose them, is wonderfully great." Of the truth of this teaching "R. B. C." is a living specimen!

This is followed by a popular exposition of some of the fundamental principles of general pathology, in the course of which we notice that "R. B. C." contends for the individualising of cases of disease, and for so doing he has the high sanction of Hahnemann. "No two cases of disease can be," he says, "alike." Again, "the highest skill of the physician is to see the personality of the sick man through the malady, and to recognise that he is called upon to treat a patient, not to cure a disease." Hahnemann wrote, "It is clear that these useless and misused names of diseases ought to have no influence in the practice of the true physician, who knows that he has to judge of and cure diseases, not according to the similarity of the name of a single one of these symptoms, but according to the sum total of all the signs of the individual state of each particular patient whose affection it is his duty carefully to investigate, but never to give a hypothetical guess at it."—*Organon of Medicine* (Dudgeon's Translation), p. 187.

"R. B. C." says that a physician's duty is "to treat a patient, not to cure a disease." The object of every physician is to do both.

If there is one thing in the controversy regarding homœopathy that is more difficult for "R. B. C." to get over than another, it is the now largely accumulated statistical evidence of its value. Hence, "R. B. C." treats this matter as cavalierly as Mr. Toots would have done, and says, "it's of no consequence." He writes, "To say that so many people suffering from rheumatism were treated homœopathically, with a mortality of  $x$  per cent., and an average duration of illness of  $x$  days, and that so many more were treated otherwise than homœopathically with a mortality of  $y$  per cent., and an average duration of illness of  $y$  days, conveys no information, or at least none that is worth having. The person to whom such a statement is made does not 'know the conditions' in which the circumstances occurred." Replying to a somewhat similar objection raised by Dr. Gairdner in *The Edinburgh Essays* (1857), the late Professor Henderson wrote, "Common sense knows very well that accidental dissimilarities are liable to occur between small groups of cases that are contrasted, and that, on that account, the comparison of such may point to an erroneous conclusion. While, on the other hand, that useful endowment knows, equally well, that numbers so large as those I have given in the above passage, by their very

magnitude exclude accidental sources of fallacy, and lead to a conclusion sound and trustworthy."\*

Then, again, if we compare the results of work done at two hospitals in the same city, both receiving the same class of cases, both doing so from the same rank in society, and during the same year, where the only difference in treatment is the principle upon which the medicines are selected, no question of "condition" crops up at all. And at New York the difference in the results between Ward's Island (homœopathic) and Bellevue Hospitals is one of 6 per cent. in favour of the former. The only difference between the two institutions is that at the one homœopathy is practised, at the other it is not. The common sense of persons of ordinary education is, we contend, quite sufficient to enable them to judge between the relative advantages that these two hospitals offer to the sick.

"R. B. C." next discusses the meaning to be attached to the word symptom. There is nothing very difficult or abstruse about this; for a symptom, as we all know, is an expression of disordered function or structure, and that symptoms are of different value in diagnosis and prognosis, we are all equally aware of. "R. B. C.'s" object here is to assert that "genuine symptoms differ greatly in the relation which they bear to the disease they indicate, and therefore in the nature and degree of significance to be attached to them. Those of one kind, neither very numerous nor very important otherwise, are of especial interest in relation to the present subject, for it is upon them that the imaginary 'law of similars' is founded. They are results or expressions of processes which may promote recovery, and hence it is proper to encourage and increase them." The illustration given is "diarrhoea depending on undigested food or other irritant." This is ingenious if not ingenuous. Frequent reference has been made of late to small doses of grey powder being useful in diarrhoea. "R. B. C." desires here to make out that when they are so, they act as evacnants of some *materia peccans*, driving it before them! If "R. B. C." will turn to the article *Mercurial Salts* in Ringer's *Handbook of Therapeutics* (p. 268, 10th ed.), he will there see seven forms of dysentery and diarrhoea described to which mercury is homœopathic, and in each of which mercury, either in the form of grey powder or of the bichloride, is advised in doses well under any that would induce the purgative action of the drug.

Persisting in his assumption that a homœopathic remedy is only feasible to remove a mechanical irritant—the very con-

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\* *Brit. Jl. of Hom.*, vol. xv., p. 304.

dition, we may remark, where a homœopathically acting medicine is impossible—he wonders, or affects to wonder, how a homœopath would treat a case where a morsel of grit had accidentally lodged on the surface of the eyeball! He suggests the possibility of “exposing the eye to the vapour of recently sliced onion!” No one supposes that “R. B. C.” is serious in all this. He may be, and probably is, very ignorant regarding homœopathy, but he knows more than this sort of nonsense would lead one to suppose that he does. It is written solely to throw dust or “grit” in the eyes of his readers!

In dwelling upon another series of symptoms, he says, “a medicine, if such there were, which would cause blueness and gasping in a healthy person, especially if it caused them in the same way, would increase the already imminent danger to life if it were given in operative doses so as to aggravate the existing condition, and at best, if it were given in infinitesimal doses, would leave the case to the *vis medicatrix naturæ*.” This is just the question at issue. It is one that can only be answered by experiment. “R. B. C.” has never made an experiment of the kind, and hence his erroneous assertion. We, and thousands of other physicians who have made the experiment, assert as the result of observation, that infinitesimal doses of medicine so selected do influence the health in a curative direction more rapidly and more certainly than any *vis medicatrix naturæ* unaided by art ever did.

“R. B. C.” now gives his views of the pathology of some forms of eye disease, of which blindness is the principal feature. As an ophthalmic surgeon, he doubtless knows more of the nature of the changes that lead to blindness than many do, and the *National Review* is probably a useful medium in which to “air” his special knowledge.

The only reason given why no trustworthy experiments can be made with infinitesimal doses is, “R. B. C.” says, that the

alter cannot be detected in them. To this already referred and need not, therefore, dwell. The possibility of infinitesimals influencing certain circumstances is a matter of experiment has been made millions of times, and we who have conducted the experiments is that once the body under certain circumstances. uses to make the experiment, and therefore we use his own phraseology—“pursue this part of ther.”

and a half of laudation of what he esteems as icine,” with some insolent allusions to medical homœopathy, and a parting “inaccuracy,” eludes his paper.

Much of what he says of the progress of medicine during the last century is true and well-deserved. For the most part however, this progress is of a negative type, consisting as it does in the abandonment of injurious methods of treatment and the relinquishment of the use of drugs. "Scientific medicine," says "R. B. C.," "is indebted to its observance of Harvey's injunction to the Fellows of his College that they should search out the secrets of nature by way of experiment." This is the way that Hahnemann adopted in order to arrive at a knowledge of drug action. It was by way of experiment that he arrived at a knowledge of the principle on which they should be prescribed. It was by way of experiment that he arrived at the knowledge that drugs when given homœopathically influence the body in infinitesimal doses. When "R. B. C." has made the necessary experiments to test these facts, he will be in a better position to discourse on *The Relation of Scientific Medicine to Homœopathy* than he is at present. At the moment he is too ignorant, too much under the influence of "preconceived notions of what might or ought to be the order of nature" in the proposed case, and quite incapable of contenting himself with "observing as a plain matter of fact what is," to discuss this question.

He says that a "shrewd correspondent" has pointed out to him that "some years ago, if not more recently, the *Homœopathic Directory* placed an asterisk against a large proportion of the names contained in it, as an indication that the individuals so marked were willing to practise 'allopathically,' whatever that may be, if so required." It is to be regretted that the "shrewd correspondent," whoever he may be (possibly some Mrs. Harris), did not give the name and date of this directory. Probably he is too "shrewd" to go this length, and has been playing a practical joke at "R. B. C.'s" expense. It is simply an "inaccuracy" of the same type as the two with which "R. B. C." commenced his article!

"R. B. C." may rest assured that we are no more disturbed by the insolently expressed contempt which, as the Medical Cynic of the metropolis, he, in *The National Review*, discharges upon homœopaths, than those who differ in opinion from, or occupy a higher social status than the Political Cynic of the day are by the material of the same order which he pours out upon them in his journal every Thursday!

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#### "THE ODIUM MEDICUM."

At an ordinary meeting of the Gloucestershire branch of the British Medical Association, held at the Gloucester Infirmary on the 21st of February, the President, Dr. Currie, opened a discussion on the present position of Homœopathy in relation to regular Medicine, in which he propounded the question whether



the hand of brotherhood should not be held out to the homœopaths, and concluded that it should.—Dr. Bond answered in the negative.—Mr. Waddy urged that all distinctions should be dropped.—Dr. Needham argued that no reconciliation could be effected until the distinctive name be dropped.—Dr. Batten spoke strongly in favour of Dr. Currie's proposition.—Mr. Ellis said there was much to learn from the homœopaths.—Dr. Souter said that, considering the great changes of opinion with regard to therapeutics, there was no reason for ostracising homœopaths.—Dr. Clarke and Messrs. Bower, Cuthbert and Cardew also took part, and Dr. Currie replied. The meeting closed at 10 p.m.

The result of this meeting was most important, showing the great feeling in favour of admitting homœopaths to equal fellowship, and, as far as the county of Gloucester is concerned, having settled the question as to the right of holding consultations with them.

The foregoing appeared in the *British Medical Journal* of the 10th ult. In the ensuing number Dr. Needham protested against the conclusion formed by the reporter, and expressed in the last paragraph, on the grounds that the meeting was not summoned for the purpose of settling this question, and was not representative of the county or the branch.

Be this as it may, it is something gained to find that so considerable a proportion of the members attending an ordinary meeting are capable of taking the only rational view of this question that can be taken.

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#### CONCERT IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL.

WE desire to call the especial attention of our readers to an announcement they will find in our advertisement sheet, of the approaching concert at St. James's Hall on behalf of the London Homœopathic Hospital. Of the great value of that institution, and of the high claim it has upon the support—the liberal support—of all who appreciate homœopathy, we need not say one word. This, like all charitable institutions, is feeling the pressure of the times, and as a necessary consequence of doing so, the high state of efficiency in which our hospital is maintained has rendered the income of the past year insufficient to meet all claims upon it. This alone would be an adequate reason for urging everyone who can do so to render the assistance asked for by the Board of Management; but patronage of this concert is still further called for by the fact that the very eminent *artistes* who will take part in it have very kindly and generously volunteered their services—without any professional fee—entirely out of their personal

appreciation of homœopathy, and from a desire to aid in sustaining so deserving a charity as our hospital is well known to be.

It is not often that such a galaxy of talent can be heard during one evening as that which will appear on this occasion at St. James's Hall, comprising as it does Mesdames Nordica and Antoinette Sterling—at the head of their profession, the veteran Sims Reeves, and the rising *basso* Barrington Foote, together with the most popular violinist of the day Herr Waldemar Meyer, and the brilliant pianist Gustave Ernest. The arrangements and conducting of the entertainment have been most kindly undertaken by Mr. Raphaël Roche. We are glad also to note that the tickets are to be obtained at popular prices.

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**"THE BRITISH HOMŒOPATHIC CONGRESS BED"  
AT THE LONDON HOMŒOPATHIC HOSPITAL.**

THROUGH the energy of Dr. Clifton, the President of our last Congress, a sum of money has been raised by him, among his friends and patients, for the support of a bed at the Hospital, to be called "The British Homœopathic Congress Bed." The "happy thought" of Dr. Clifton, which suggested this excellent way of commemorating his Presidency, is one which we have no doubt that both he and the Board of Management hope will pass on and inspire the efforts of each succeeding President. The amount needed for the purpose is £85. This sum Dr. Clifton has collected and handed over to the Treasurer for the endowment of a bed for one year. The number of these endowed beds is, we are glad to hear, increasing.

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As another item of Hospital news, we may mention that a legacy of £100—duty free and payable preferably—will come to its funds from the estate of the late Miss Louisa E. Harrison, of Bournemouth.

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**THE CONVALESCENT HOME IN CONNECTION WITH  
THE LONDON HOMŒOPATHIC HOSPITAL.**

We have much pleasure in stating that this greatly-needed institution has at length been established at Eastbourne; the chairman of the hospital and of the home having concluded the purchase of a pretty and suitable villa, capable of containing twenty beds, in close proximity to the Princess Alice Hospital in that town.

The formal opening will take place in May. The donations and subscriptions so far received amount, we understand, to

nearly £3,000. This amount will, we trust, be largely supplemented in order to enable the convalescents to be admitted on liberal terms and to ensure the permanent success of the institution. Contributions may now be sent either to Major Vaughan Morgan, 5, Boltons, South Kensington, S.W., or to the Secretary of the London Homœopathic Hospital, Great Ormond Street, W.C.

#### THE MELBOURNE HOMŒOPATHIC HOSPITAL.

THE Nineteenth Annual Report of this important institution has been before us without receiving notice much longer than we should have wished, and we regret the unavoidable delay which has occurred in drawing attention to it.

During the year ending June 30th, 1887, the admissions numbered 570, as against 276 during the previous twelve months. The out-patients were 1,770, a total which compared with 1,885 during the year before. A serious and, apparently, very fatal epidemic of typhoid appears to have prevailed in Melbourne during 1886-87. The number of typhoid cases admitted into the hospital was 145, and "the results of treatment were," the report says, "eminently satisfactory; for though on all sides it is acknowledged that the epidemic has been of an exceptionally severe type, and the death rate, as published, has been high (the complete return of the Central Board of Health, from 1st January to 11th June inclusive, gives the total number of typhoid cases as 1,640, with 384 of them fatal, which gives the rate per cent. 23.41), with us it has, fortunately, not exceeded 8.96 per cent., and this includes cases which have been taken in moribund, and others which have died in so few hours after admission that, practically, they may be considered, as far as the report is concerned, not to have been treated by us at all."

The total death rate from all causes among the in-patients, was 7.89 per cent. The actual number of deaths being 45, of these eight died within 30 and five within 60 hours of admission. Fifteen deaths also occurred from phthisis, cancer and chronic Bright's disease,

The financial statement shows the receipt of £2,311 5s. 1d., and an expenditure of £2,489 8s. The balance is, therefore, on the wrong side; but when the severity of the typhoid epidemic, and the generous manner in which it was met, are considered, the Board are, we think, entitled to our congratulations that their deficit is so small, and we should hope that the citizens of Melbourne, when they learn how valuable have been the services rendered by the hospital, will rally round the Board, and not only wipe off the debt to the treasurer, but provide him with more ample means of doing good in the future.

Dr. Seelenmeyer, who was for a time an assistant to Dr. Neild, of Tunbridge Wells, had been appointed surgeon to the hospital during the year, and in him, we know that the services of a most competent officer have been secured.

Since the report was published, the hospital has had to deplore the loss of its senior physician, Dr. Teague, who was thrown from his carriage, when he sustained injuries which were fatal in a few hours.

We have been informed by a gentleman deeply anxious to promote the development of homœopathy in Melbourne, that not only are all its medical representatives fully engaged in lucrative practice, but that there is considerable scope there for the energies of a senior physician, one who can take with him a good reputation and the fruits of large experience.

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#### BISHOPSTONE HOUSE, BEDFORD.

In the United States the value of homœopathy in the treatment of mental disease has been thoroughly well proved on a considerable scale by the experience of several years at The Middletown Insane Asylum, New York, and more recently by that at Westboro', Mass. In England, we have no such public opportunities of testing the curative power of homœopathically selected remedies in this class of diseases. But for many years past, a small but thoroughly successful private asylum, has been conducted at Bishopstone House, Bedford, by Dr. Craig, at which the patients have the advantage of homœopathic medication.

We learn from him that during the past year out of an average of nine resident patients four have recovered. In a small asylum such as this, individual care and attention, so essential in the treatment of the insane, and comparative freedom of domestic intercourse, are necessarily much more fully obtained by patients than in large institutions. The value of such opportunities is especially manifest in the cases of those who have left homes where they were surrounded by cheerful society, and all those comforts and attentions which are conspicuous in the houses of persons possessing ample means. In cases of melancholia, rapid recovery is promoted by a quiet yet cheerful and busy home life. Placed in large institutions where individualisation is well nigh impossible—at least to the extent requisite—such cases are very apt to slowly degenerate into hopeless dementia, while in a small asylum the ready tact, sympathy and firmness of the resident proprietor, who is always on the spot ready to take, and capable of taking, advantage of every turn in the course of a case, are of untold importance in promoting a restoration of mental health.

Bishopstone House is at Bedford, a first-class station on the Midland Railway, about an hour's journey from London. It is licensed for ladies. Its proprietor, Dr. Craig, has been well-known amongst us for more than 30 years as a highly successful practitioner; and having had frequent opportunities of inspecting his house, and always with the result of finding everything thoroughly well ordered for the comfort and convenience of the patients, whose welfare is the object of constant study, it is with the fullest confidence that we commend this asylum to the notice of our medical brethren.

### THE SUSSEX COUNTY HOMŒOPATHIC DISPENSARY.

THE report of this Institution, established four years ago in memory of the late Dr. Hilbers, of Brighton, gives evidence of having accomplished much useful work. During the year 1,308 new cases were admitted, which, with 253 on the books on the 1st January, 1887, gives a total of 1,561 under treatment, the number of consultations being 10,075. In addition to these, 854 cases—involving 7,976 visits—have been attended at their homes by the visiting medical officers.

The medical staff consists of Dr. Metcalfe as consulting and Dr. Belcher as honorary physicians, Mr. Ockenden and Dr. Hermann Hilbers as visiting medical officers.

We gather from the report that a sum of £1,050 is in hand for the purpose of building a dispensary-house, the one at present occupied having become too small for the purposes of the charity.

### CORRESPONDENCE.

#### DEFENCE FUND—MILLICAN v. SULLIVAN.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I am happy to report the successful conclusion of the appeal for money to defray the costs in the above action.

I now send an account of the sums received since my last report, and am happy to say that the whole of the bill of costs has been covered by the subscriptions, although I regret to add that many names still remain absent from the list which most undoubtedly ought to have been present.

It is a well known adage at whist that the only excuses for not returning your partner's lead in trumps are, "sudden illness," or "having none." With equal authority it might be said that the only excuses which would justify the abstention of any homœopathic medical men from giving their support to the gallant stand made by Mr. Millican on behalf of freedom of opinion in medical practice, are either imperfect apprecia-

tion of the lawsuit, or poverty, and these excuses certainly do not apply to all non-subscribers.

Yours truly,

5, Boltons, S.W.

WM. VAUGHAN MORGAN.

Should any further contributions reach me they shall be forwarded to Mr. Millican.

	£	s.	d.		£	s.	d.
Dr. P. Procter ...	1	1	0	Dr. A. K. Croucher ..	1	1	0
" S. Morgan ...	1	1	0	" Cox (Bowdon) ...	0	10	6
" W. T. Edgelow ...	1	1	0	" Collins ...	1	1	0
" J. Say Clark ...	1	0	0	" Netherclift... ..	5	5	0
" J. C. Day ...	2	2	0	Mrs. Courtauld ...	2	2	0
" J. R. Day ...	2	2	0	J. Mansell, Esq. ...	1	0	0
" A. H. Buck ...	1	1	0	A. W. (per Dr. Dudgeon)	2	2	0
" A. Rowan ...	0	5	0	Miss Ford Barclay ...	2	0	0
Hugh Cameron, Esq. ...	1	1	0	Mr. Teverson (per Dr.			
Dr. Purdom ...	1	1	0	Dixon) ...	0	10	0
" J. Moore ...	1	1	0	P. Dudgeon, Esq. ..	1	0	0
" T. W. Reid ...	1	1	0	Mr. and Mrs. H. Slatter	1	1	0
" C. H. Blackley ...	2	2	0	L. Pullar, Esq. ...	2	2	0
E. H. Millen, Esq. ...	1	1	0	Hom. Publishing Co. ...	2	2	0
Dr. Chalmers ...	1	1	0	M. C. Manfield, Esq. ...	1	1	0
" E. J. Hawke ...	1	1	0	N. Copeman, Esq. ...	0	10	6
" W. Pryce ...	1	1	0	M. T. L. (Bath)... ..	0	10	0
" Mackintosh ...	1	1	0	Jno. Churchill, Esq. ...	0	12	0
" Scriven ...	1	1	0	Per Dr. Scriven—			
" Roche ...	1	1	0	Mrs. Savage ...	1	1	0
" Powell ...	1	1	0	J. Murlund, Esq. ...	1	1	0
" Cockburn ...	2	2	0	G. Orr Wilson, Esq....	1	0	0
" Blythe ...	1	1	0	W. Findlater, Esq. ...	3	0	0
" Yeldham ...	1	1	0	Major H. Lyndock			
" Nankivell ...	1	1	0	Barton ...	1	0	0
" Hardy ...	1	1	0	Hon. Mrs. Barton ...	1	0	0
" Frost ...	1	1	0	S. Drummond, Esq. ...	1	0	0
" G. Wyld ...	1	0	0	Dr. Frank Shaw ...	1	1	0
" Grey... ..	1	1	0				

AN OPENING FOR COUNTRY PRACTICE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN—The Earl of Dysart has written to me to enquire whether I knew of a homœopathic medical man who might be disposed to settle in his Lordship's neighbourhood, viz., Colsterworth, near Grantham, Lincolnshire. I think, therefore, I cannot do better than ask you to allow these few lines to appear in the next issue of your journal.

Lord Dysart states that there is no doctor within four miles of his residence, and that the village of Colsterworth, three miles distant, has a population of 1,000, and contains a house which would be very suitable for a medical man to reside in.

Yours faithfully,

E. H. LAURIE,

Hon. Sec. Homœopathic League.

16, Blandford Square, N.W.

## NOTICES TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

Mr. H. GOULD, who officiated as locum-tenens for the late Dr. Robert Phillips during his illness, informs us that our account of his condition during the last twenty-four hours of his life was not quite accurate. It appears that the rigor to which we alluded as having been severe during Sunday was comparatively slight, and rapidly recovered from. At one o'clock on the morning of Monday he was sleeping quietly. Half-an-hour afterwards his children's nurse, an old and valued servant, who had taken night duty in nursing him throughout, took him an egg and some toast. During the remainder of the night he slept and took nourishment at intervals. At 7 a.m. the nurse, on speaking to him, found he had some difficulty in replying. The coma, which terminated fatally a few hours later, had commenced.

Communications, &c., have been received from Dr. DUDGEON. Dr. ROTH. Dr. E. NEATBY, Mr. H. GOULD, Major V. MORGAN, Mr. CROSS (London); Dr. HAYWARD (Liverpool); Dr. A. DRYSDALE (Cannes); Dr. P. DUDLEY, Dr. BARTLETT (Philadelphia); The Medical Counsellor Publishing Co. (Ann Arbor, Mich.), &c.

Reports of the following Hospitals and Dispensaries have been received, and will be noticed at an early date. The Hahnemann Convalescent Home, Bournemouth; The Devon and Cornwall Homœopathic Dispensary and Cottage Hospital, Plymouth; The Birmingham and Midland Counties Homœopathic Hospital; The Croydon Homœopathic Dispensary; The Oxford Homœopathic Dispensary; The Bristol Homœopathic Dispensary; The Leicester Provident Homœopathic Dispensary; and The South Wales Homœopathic Institution, Cardiff.

## BOOKS RECEIVED.

*The Practitioner's Guide to Urinary Analysis.* By Clifford Mitchell, M.D. Second edition, revised and enlarged. Chicago: Gross & Delbridge. 1888.—*The Physical Education of the Blind.* By Dr. M. Roth. Second edition. London: John Bale & Sons, Great Titchfield Street. 1888.—*Inaugural Address on The Definition of Life as affected by the Protoplasmic Theory.* By J. Drysdale, M.D., President of the Biological Society of Liverpool.—*The Homœopathic World.* London. March.—*The Hospital Gazette.* London. March.—*The Chemist and Druggist.* London. March.—*The Monthly Magazine of Pharmacy, &c.* London. March.—*The New York Medical Times.* March.—*The American Homœopathist.* New York. March.—*The Chironian.* New York. March.—*The Medical Record.* New York. March.—*The First Annual Report of The Laura Franklin Hospital for Children.*—*Annual Report of the Hospital of the New York Medical College and Hospital for Women.*—*The New England Medical Gazette.* Boston. March.—*The Medical Era.* Chicago. March.—*The Medical Advance.* Chicago. February. *Bibliothèque Homœopathique.* Paris. October.—*Revue Homœopathique Belge.* Brussels. Nov. and Dec.—*Bulletin de la Soc. Hom. de Franc.* February.—*Allgemeine Hom. Zeitung.* Leipsic. March.—*Zeitschrift für Homœopathische Thierheilkunde.* Leipsic.—March.—*Rivista Omiopatica.* Rome. February.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 12, Church Road, Tunbridge Wells, or to Dr. D. DRUM BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ON CARBONATE OF AMMONIA\*

By A. H. BUCK, M.D.

*Ammonium carbonicum* or *ammonic carbonate* is a volatile and pungent ammoniacal salt produced by submitting a mixture of sulphate of ammonia or chloride of ammonia, and carbonate of lime to sublimation.

A trituration has been recommended in the *Homœopathic Pharmacopœia*, but, owing to its great volatility such a preparation is unsuitable.

The 1st dilution is a solution of  $\frac{1}{10}$ , and the 1st cent. is made with dilute alcohol, and the subsequent ones with rectified spirit.

The *lowest dilutions* have been generally employed.

*Carbonate of ammonia* is one of those remedies which are known as being common to both systems of medicine.

Upon turning to the ordinary text books we find that locally applied the strong solution of *ammonia* produces speedy vesication, a blister being raised by it in from 8 to 10 minutes or longer. As a vesicant it is, however, very uncertain. As a counter irritant, or rubefacient, it is more useful, and acts rapidly, and may be used instead of mustard.

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\* Read before the British Homœopathic Society, April 5th, 1888.

Weak solutions are applied to the bites or stings of insects, as wasps, spiders, &c., to neutralise *formic acid*, the active principle of the poison.

By inhalation it stimulates the mucous membrane, excites the vaso-motor centres, heightens blood tension, and averts syncope. It is used to arrest the abundant flow of mucus in coryza.

It is useful when inhaled in cases of bronchitis accompanied with over abundant secretion.

On the stomach it acts much in the same way that it does on the skin, neutralising the acid it encounters and acting as an antacid, but when taken in excess it becomes an irritant to the mucous membrane.

Soon after administering *ammonia* a sensation of warmth at the pit of the stomach sets in, which quickly spreads to the rest of the body. In full doses it excites an increased formation of mucus, exciting catarrh of the stomach and intestines.

Feltz and Ritter found that toxic doses prevent the respiratory functions of the blood, and hinder the oxidation of the red corpuscles. Large doses injected into a vein excite tetanic convulsions of spinal origin. Small doses strengthen the ventricular contraction; larger ones destroy muscular contractility.

Preparations of *ammonia* act powerfully upon the cardiac muscular tissues, but do not weaken the spontaneous rhythm of the heart. A large dose injected into the blood of a warm-blooded animal arrests the heart's action at once.

Dr. Taylor, in his work on *Toxicology*, says *ammonia* is probably more active as a poison than is commonly supposed. In one case he states that stupor and insensibility were produced by five fluid drachms of *sal volatile*. Upon the application of stimulants the patient recovered, but suffered for some time afterwards from severe irritation of the throat and gullet.

Another case, in which a girl, 19 years, was made to swallow a quantity of hartshorn, severe pain in the stomach was immediately felt, and about an hour afterwards she vomited blood, which continued for several days. These symptoms were followed by great irritability of the stomach and constant vomiting, together with great emaciation and loss of strength and obstinate constipation. She died, and at a post mortem, the

cardiac end of the stomach was found slightly contracted, and the pyloric orifice reduced to the size of a *crow quill*, the coats being thickened. On the posterior wall of the stomach there was a dense cicatrix of the size of half-a-crown, from which ramified fibrous bands, the duodenum and other parts of the intestinal canal were found healthy.

*Carbonate of ammonia*, in small doses of gr. 1 or gr. ij., given hourly generally excites perspiration, as abundantly as either *aconite* or *antim. tart.* It produces slight increase in the force of the pulse, some excitement of the brain and a general sensation of warmth. It is employed as a stimulating expectorant in chronic bronchitis, where expectoration is profuse, is of signal service in severe bronchitis or broncho-pneumonia of children, especially when the breathing is very obstructed. It was much lauded in scarlet fever by the late Dr. Peart. He treated, we are told, nearly 300 cases with it without a death. The late Mr. Wilkinson also employed it largely with equal success, and recently Mr. C. Witt has written a pamphlet extolling its virtues. Mr. Wilkinson says it is equally useful in measles, and that the *ammonia* treatment leaves no secondary evils.

These observations, taken mainly from Ringer's *Therapeutics*, tend undoubtedly to show that *ammonia*, and especially the *carbonate*, has a special action upon the mucous membrane, of the digestive tract, on the heart, and upon the secretory organs. This is confirmed in the evidence to be gathered from our own literature upon the subject, and especially from the provings made with this remedy.

A pathogenesis of *ammonium carbonicum* appears in the first edition of the *Chronic Diseases*, containing 159 symptoms. These, and symptoms from other provings, are incorporated in Allen's article, making a total of 1,010. I will not run the risk of wearying you by going over these 1,010 symptoms. I will confine my attention to the provings made by Professor Martin, of Jena, on himself and his eleven pupils. The details may be read in the 18th vol. of *British Journal of Homœopathy*.

The first prover took gr. xxviiij. in two doses, the first gr. viij. and two days afterwards gr. xx. The principal symptoms he complained of were headache, rumbling in the bowels, and gastric irritation, followed by drowsiness

and lassitude. After the second dose, gr. xx, he felt an inclination to vomit, accompanied by great depression and frontal headache.

The second prover took gr. xviii. in three separate doses, but with the exception of lassitude there were no symptoms to record.

The third prover had gr. xix in four separate doses, and complained of perspiration, copious flow of urine and headache, and the formation of a large boil on the right thigh, the size of a child's fist.

The fourth prover took gr. xxix. in five separate doses. He complained of aching in the stomach, warmth at scrobiculus cordis and headache.

The fifth prover took ten grains only; dry on tongue. It was followed by perspirations and burning in the sinciput, flatus and eructations.

The sixth prover took 100 grains, in separate doses; he commenced with two powders of gr. v., and then took four of 5 grains, three of gr. x., at intervals of two hours, 7, 9, 11, and again at 2 and 4 o'clock. The only symptom was increased urination. Then followed four powders of gr. x., without any special result, except a scraping sensation in the mouth. He thought the medicine did him good in relieving some dyspeptic sufferings, as it promoted digestion and the action of the bowels.

The seventh prover took gr. xix. in four separate doses. After the last he felt nausea, lassitude and flatus, and much thirst for beer!

The eighth prover (*Martin*) took 66 grains, in separate doses, varying from gr. i. to gr. v. He complained of a pungent taste in the mouth, headache, nausea, depression, and general shivering. The second day there were symptoms of coryza and threatening diarrhœa.

On the third morning, early diarrhœa, followed by violent coryza, gloomy humour, lassitude, dryness of throat.

In a few days he again took gr. xv., in separate 5 grain doses. Early morning diarrhœa resulted, headache and much rigor; burning in the hands and feet; eructations, pressure and heat in the sinciput; sour eructations, constant straining and pressure on the belly with flatus. In the evening, pains in the thyroid gland, which had been painless and swollen for years. He continued to

take separate doses of 5 grains each for the four following days, during which time he had a continuation of the above symptoms, the principal being violent coryza, loose motions, increase of urine, headache and depression.

The ninth prover took 3 ss. during the day, without effect. Again next day, gr. x., followed every two hours by gr. v. until four p.m. No symptoms were noticed until following morning when he was conscious of a slight headache and nausea. The next day aching in the chest at night, cough with stuffy cold in the head; in the morning, stomach-ache. No other symptom of importance was noticed.

The tenth prover took 5 grains only. He complained of thirst, pain in the chest, and oppression of breathing. At night he had dreams and low spirits.

The eleventh prover took 30 grains between 7.15 a.m. and 6.30 p.m., without any effect. Two days afterwards, at 8 p.m., gr. x, and again at 10.30 gr. x. His tongue and the mucous membrane of his mouth became very excoriated, especially that of the palate. The lower lip became swollen and underneath the tongue was particularly red. The next day he took 70 grains in x grain doses at 6.45 a.m., 9 a.m., 11.30 a.m., 1.30 p.m., 4 p.m., 6 p.m. and 8 p.m. The only symptoms following these doses were increase of redness and tenderness of the mouth, but the next morning he had mucous diarrhoea, with great amount of flatus. These symptoms lasted until the following day with more or less severity, and afterwards gradually disappeared.

The twelfth prover took xvij. His first dose of 1 grain produced a cough, after taking gr. vi., followed by gr. x.; headache, rigors, and during the day chilliness followed.

With the view of putting the result of these provings to a crucial test, I determined to try the action of the drug upon myself, and to continue taking it until I produced its full physiological action.

I must premise my observations upon this portion of my subject by telling you that I have never had any organic disorder in my life, all my troubles having been more or less of a surgical nature. The only organs that are weak, as far as I know, are those of my digestive tract, and that is purely of a functional character. I am inclined to think that in proving a drug, if the prover has a weak organ the medicine would (if it has an elective affinity

for it) quickly select that particular organ to manifest its action upon more definitely ; for instance, a prover with weak lungs taking a medicine with an elective affinity for pulmonary organs, would obtain the physiological action of the drug more quickly and in a more pronounced manner than one who had no chest debility.

Some of the provers of *carbonate of ammonia* obtained pulmonary symptoms ; others, like myself, had none.

I will now give you the result of my experience of its action upon myself.

Before commencing the proving I prepared myself by avoiding all stimulants in the shape of spirits or any use of tobacco for two or three days, and I continued the same restrictions while taking the drug.

I commenced on Feb. 8th at 7.30 a.m. with gr. x. I had no other symptoms than a burning sensation in the pharynx and a sensation of warmth at the pit of the stomach. 11 a.m., again gr. x : similar result. 6 p.m., again gr. x : weight at the epigastrium and slight nausea. 11 p.m., again gr. x : above symptoms increased, with slight tenderness at the epigastrium.

Feb. 9th.—7 a.m., gr. x : nausea. 11 a.m., gr. x : considerable secretion of mucus in the mouth and nose. 4 p.m., gr. x : repetition of the food ; flatulence and depression. 11 p.m., gr. x : flatus, colicky pains in the region of stomach and small intestines ; marked depression.

Feb. 10th.—7.30 a.m., gr. x : Headache frontal, slight giddiness, pain and tenderness at epigastrium ; flatulence very marked and nausea. 11 a.m., gr. x. 3 p.m., gr. x : frontal headache, unusual depression ; flatulence, anorexia, griping in the bowels, tendency to diarrhoea, which passed off ; nausea. 7 p.m., gr. x : distinct wheezing in the chest ; pain in the stomach as from indigestion ; great depression ; constant flatus and repeated eructation. 11 p.m. : with great difficulty I kept from rejecting this last dose, burning (acute), in the pharynx and oesophagus ; throat sore and irritable, tenderness and pain in the stomach, depression, flatus, &c. About 5 or 6 a.m. I was disturbed with colicky pains resulting in diarrhoea, which continued during the day ; depression and great lassitude were marked.

At the commencement of my proving the urine was acid, afterwards alkaline ; no increased frequency of mic-

turition ; no actual coryza ; tongue became flabby, white, with creamy coating.

Having obtained the physiological action of the drug I ceased taking it.

From the result of these provings it is clear that the field of action of *ammonium carbonicum* is essentially upon the mucous membrane of the pharynx, gums, stomach, and small intestines ; that in large doses it has a very irritating effect upon these organs. Some of the provers complained of coryza, others of tenderness and swelling of the glands behind the jaw ; but most, and myself included, complained of intense lassitude and depression. The throat symptoms were common to nearly all, and after the drug had been taken in large and repeated doses stomach irritation, accompanied with flatus and pain, soon set in followed by griping and mucous diarrhoea.

The cough produced in a few was, I think, reflex.

In my own case I had on the evening of the third day distinct wheezing, a symptom I am not accustomed to, except with a very violent cold.

My attention was drawn to the action of *carbonate of ammonia* in pulmonary diseases by the late Dr. Madden. As far back as 1872 I attended a case at which he met me in consultation. Unfortunately I cannot find any notes of it, but I well remember the salient points. The patient was a man between 50 and 60 years of age, a commercial traveller, a free liver and far from having a robust constitution. When I first saw him he had symptoms of croupous pneumonia, commencing at the base of the left lung. The expectoration was at first rusty, but soon became of a prune-juice colour ; the inflammation extended rapidly to the other lung ; he became delirious ; expectoration and cough ceased ; the bases of both lungs became consolidated ; typhoid symptoms developed, and about eight or ten days from the commencement of the attack he died. It was during the third stage of the pneumonia that Dr. Madden saw him and prescribed *amm. carb. 1x, trit.*

The cases in which I have found *ammonium carbonicum* most useful have been those of bronchitis, especially in the capillary form met with at the two extremes of age. As an example of the senile form for its use the following case is an illustration.



C. I., age 84 years, with the exception of an occasional attack of gout he has always enjoyed good health. His symptoms commenced with soreness of the throat and rawness of the chest, pain upon swallowing. His fauces were inflamed and uvula red and relaxed, tongue coated and white; pulse 70, temp. normal. On the third day he developed mucous râles at the base of the right lung. He first had *aconite* and *phosphorus* which soon relieved the early symptoms, afterwards *bryonia* and *ant. tart.*; but as the bronchitis symptoms extended to the other lung I decided to give *carbonate of ammonia* in alternation with the *bryonia*. The result was a good free expectoration and a decided improvement in the lung symptoms. In a few days he was quite convalescent. He expressed himself that "he felt" a relief in the wheezing and tightness of the chest after the first few doses.

As an example of the similar disorder in the young I will give you the following case.

G. B., age 6 years. He had symptoms of whooping cough for about two weeks prior to my visit. On January 20th I found him with the characteristic cough and unable to retain food; his breathing very rapid and laboured; pulse about 130; the tongue thickly coated (creamy); tenderness at epigastrium; the lungs, both back and front, were quite resonant upon percussion; coarse sonorous râles could be heard at the bases of both; temp. 100. I commenced by giving him *bryonia* and *ippecacuanha*, poultices to the chest, steam inhalations, and milk with lime or soda-water. *Aconite* at bedtime. During the three following days the temperature steadily rose to 102°F. and the difficulty of breathing proportionately increased, the mucous râles extending to the upper portion of the lungs. As the cough became very spasmodic, the expectoration scanty, consisting only of a little glairy mucus, a great amount of prostration and exhaustion came on, this at times being so severe that the mother thought he would be suffocated. I now gave him *cuprum*.

After taking it for a few days these violent paroxysms were relieved, but the lungs remained unimproved; the base of each lung becoming still more engorged, the expectoration ceased, his lips were of a bluish hue, the finger nails dusky. He was very lethargic, dozing constantly,

and at night delirious. For three or four days, from February 8th to 12th, he was in a very critical condition. Tongue thickly coated, gums and inside of mouth sore and tender; anorexia; no expectoration or cough; tenderness at the pit of the stomach, accompanied with relaxed and offensive motions. It was in this condition with mucous râles of every description extending throughout both lungs, threatening paralysis and asphyxia that I decided to give him *ammonium carbonicum* and *ippecac.* in alternation. After taking these remedies for a few hours the expectoration returned and soon became purulent and profuse. The pulse also improved in quality.

On the 13th the temperature dropped from 103° to 101.4°, gradually declining to 99°, but from some inexplicable cause it rose again to 101°, again falling on the following day to the normal. After the restoration of the expectoration his symptoms soon improved, and when I examined him a few days ago, I could find very few pulmonary signs left; in fact, so much had he improved that no one would think he could have been recently so seriously ill.

As an example of the action of *carbonate of ammonia* upon the throat and digestive tract, I give you the following as a typical example.

Mr. C., about 45 years of age, complained of soreness of the throat and pain in swallowing. I found upon examination that it was red, especially the pillars of the fauces, the uvula long and red at the tip, tongue coated, white and flabby. On the previous night he was conscious of a chill, pulse 75. Temperature normal; tenderness of the glands behind the jaw and neck. He had taken *aconite*. Following day the throat symptoms were better; he complained of tenderness at epigastrium, nausea, anorexia and lassitude; tongue still thickly coated. I gave *ammonium carbonicum*. Next day the tongue was cleaning at the tip; slight diarrhoea preceded by colicky pains, and flatus accompanied with considerable depression. Continue *ammonium carbonicum*.

Upon my next visit he was convalescent. Tongue had cleaned, throat symptoms were gone, and the diarrhoea had stopped. He still felt weak, and his appetite had not returned. *China*, 1x.

It is in throat affections, accompanied with symptoms of gastric disturbance arising from chill (gastric and

intestinal catarrh), that I have found *ammonium carbonicum* most useful. In ulceration of the tonsils, with elevation of temperature, I do not find it indicated.

In speaking of ulcerated tonsils in children, I may mention that the temperature will rise suddenly to 103° or 104°, and with a few doses of *aconite* and a mustard compress to the throat it will at times as rapidly fall to the normal.

When I find a child with a high temperature and no physical signs in the lungs to account for it, I make a point of examining the tonsils, and on many occasions I have found there sufficient symptoms, in the shape of ulceration, to account for this disturbance.

The only allusion I can find in our journals in connection with this drug and the eruptive fevers is in the *Review* of April, 1862, vol. xi. You will see there a letter headed "*Carbonate of Ammonia and Belladonna in Scarlet Fever*, by Dr. James Irving. It is evidently written by him in reply to some communication, probably in an allopathic journal, of cases cured by these drugs. He draws the attention of the author to the fact that these remedies will produce symptoms similar to those of scarlet fever and measles if given in large doses.

I have had a few cases of measles during the past winter months in which I have administered *amm. carb.* A family of four children with measles, accompanied with considerable gastric irritation and diarrhoea, but no pulmonary complications. They all had *bryonia* and *amm. carb.*, and made a good recovery.

More recently I have given it in one case of scarlet fever, the patient being a girl six years of age. It was a mild form of the disorder, but she got well without any complication, and the principal medicine given was *amm. carb.*

I have also found it useful in dyspeptic patients, especially in cases of acidity and flatulence accompanied with much lassitude, depression and an irritable condition of the bowels.

I am at the present time attending a patient about 55 years of age, who has cardiac hypertrophy. Upon any extra amount of business worry and anxiety he gets flatulence, fluttering action of the heart, acid rising, tenderness at the epigastrium, and an irritable condition

of the bowels, accompanied with giddiness, great depression, and a white thickly coated tongue.

This medicine quickly relieves his symptoms, as he himself testifies.

#### DISCUSSION.

Dr. DUDGEON said homœopaths were apt to despise *ammonia carb.* because patients were in the habit of taking it on their own account as *sal volatile*. He thought this a mistake. He had seen good results from its use in cases of scarlet fever where it had taken on typhoid characters. When he commenced homœopathic practice he cured many cases of coryza with *ammon. carb.* 8 and upwards. Latterly he had almost forgotten it, or else it was that patients were more in the habit of treating their own coryzas than formerly.

Dr. EDWARD BLAKE had no experience with the drug. He thought questions of diagnosis were more important for the Society to discuss than these drugs. He thought that the drug was eminently indicated in gouty headache with thickened right ventricle. Excepting the loss of appetite, all the symptoms in the provings pointed to it. Also in sore throat, where the feeling was as if skinned. He considered the drug useful in diseases of women. He began practice with three useful rules: When in doubt, examine the throat in children, the kidneys in adults, and the posterior bases of the lungs in old people. He had mentioned these points before, but wished to urge them again on members. He had found them of the greatest use.

Dr. MURRAY was struck with the resemblance between the action of *antim. tart.* and the drug as described by Dr. Buck. He did not think it advisable to give up the former for the latter. He had a case of pericarditis in which *ammonia carb.* had been very useful. The temperature had been 103°, but when the pericardium became affected it fell to 96°. Brandy was given without effect, but *sal volatile* raised it to normal, and kept it there. When it was left off the temperature fell again.

Dr. GOLDSBROUGH wished to ask if it had been used in cases of diseases of women as Dr. Blake had mentioned. He asked also what was the nature of the stools produced in Dr. Buck's case? He asked if Dr. Buck meant by "depression," depression of spirits? (Dr. Buck said "Yes") in a case of gouty headache *picric acid* and *colch.* alternately did good.

Dr. NEATBY did not agree with Dr. Blake as to the relative importance of *Materia Medica* papers and clinical ones. He thought the former of primary importance. He criticised the clinical portion of Dr. Buck's paper, thinking it a pity that other drugs had been given at the same time as the *ammon.*

*carb.* in alternation. He asked what dose Dr. Dudgeon gave in the case he referred to. (Dr. Dudgeon said 1x—3x, as far as he could remember).

Dr. SHACKLETON mentioned the case of a child, apparently dying of broncho-pneumonia, to whom he gave a grain of the salt with immediate and permanent benefit. He thought the action of the drug as used in ordinary domestic practice was homœopathic. He thought the value of *antipyrin* in small doses in headaches was very marked, and that it acted homœopathically, as large doses had caused similar headache and vomitings. In headache beginning in the morning and lasting all day, from 3 to 5 grains of the salt; it was also useful in migraines. He thought some were rheumatic and some gouty. It should not be given where there was decided weakness of heart.

Dr. ROBERSON DAY asked Dr. Buck what doses he gave, and wherein their action differed from the allopathic? Once in his allopathic days alarming effects were produced in a child by a very small dose of *ammon. carb.* The dose was half a grain, and symptoms of asphyxia followed immediately.

Dr. COOPER thought the *Materia Medica* should be more studied at the Society than it was. He thought it a pity Dr. Buck had not proved the remedy in high dilutions. He had a patient who took *ammon. carb.* 200 for a form of deafness with great deafness. The indication was, frequent fainting, in paroxysms, and great failure of strength. In one of our old practitioners *ammon. carb.* 200 had arrested the progress of cataract. He thought it good in hæmorrhoidal affections. Dr. Marsden mentioned its use in a case of hæmoptysis where the indication was suppressed skin eruption.

Dr. HUGHES (in the chair) was surprised by two omissions in the paper. He thought Dr. Buck would have referred to Dr. Proctor's paper on the ammonias at the Congress at Liverpool, and also to the pathogenesis in the *Cyclopædia of Drug Pathogenesis*, which contained two additional provings not elsewhere recorded. Dr. Hughes was further surprised to hear Dr. Buck say that Martin had enlargement of the thyroid gland, whereas it was aching and shooting in the gland which was swollen before. He thought that the crude action of the drug was very local, and to get its extended action it must be proved in dilution. Herein he agreed with Dr. Cooper. Regarding *antipyrin*, he thought that if we did use drugs that were not proved, we must be all the more precise in using them.

Dr. ROTH wished to call the attention of the Society to the fact that medicines should be used by injections in provings if it was wished to eliminate the local action without going to high dilution. He said that Dr. Liebault and his fellow-

hypnotizers tried to explain the action of high dilutions by saying they were all due to "suggestion."

Dr. Buck (in reply) said that the diarrhœa he suffered from was mucous and pale. He regarded the action on the throat as essentially local. The child referred to had one drop of 1x, and the medicine was given by itself for a few hours, the *ipéc.* being suspended. He avoided alternation as much as he could. In reference to *antipyrin* it was in the gouty form that he had found it most beneficial. In a sufferer from locomotor ataxy where there was severe headache, one grain every two or three hours was given. Two doses relieved, and three got rid of it. He regretted the omissions referred to by Dr. Hughes, but he had taken those provings which had relation to his own case.

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## NOTES ON REMEDIES.

By EDWARD BLAKE, M.D.

### *Lathyrus Sativus in Paraplegia.*

TWENTY years ago I obtained, with a good deal of difficulty, some genuine *lathyrus s.* from my friend Professor Oliver, Lecturer on Botany, Univ. Coll., Lond., then Curator of Kew. I administered it in various kinds of paralysis of the lower extremities, and of course I had many failures. In turning out some old papers recently I came across one of the more successful cases. It has not hitherto, I think, been published.

#### *Reflex cutaneous leg-palsy.*

November 7th, 1867.—Henry G., æt 52, has been unable to walk for six years. At that time, after working in the wet, had "pains all over," followed by "a stroke," losing consciousness for two hours. This attack left him with trembling of the limbs.

Used at first to be troubled with thread-worms. Since they disappeared the tremors have been worse.

He is prone to a pain over his right eye, is stiff in the loins. He always feels worse before rain. *Ign.* 3 for three months.

January 30th, 1868.—Feels much improved in general health. Instead of being tied to his chair, he can hobble about, but is still very lame.

He now took *lathyrus* 3x trit. for a fortnight without marked benefit, then *lathyrus* 1c for the same length of time, and there was no sensible change.

I afterwards ordered *lathyrus* 3rd cent. trit. for four months without ceasing, and at the end of that time the record was :—

June 25th. — Can certainly walk better. Trit. *lathyrus* 1x.

July 16th.—Is cured so far that he can walk 4 miles. Dismissed treatment.

*Coffea Tosta* for bleeding from nose. *Merc. corr.* in chloasma. *Quinine* in sexual debility.

Two young Dutchmen, not acquainted with each other, consulted me on the same morning for the same complaint.\* One fair, the other dark. Both had bleeding of the nose after drinking strong coffee. Both had chloasma covering the presternal integument. Here their resemblance ended. The fair man has a strumous history. Has a granular throat, and there is eccentric hypertrophy of left ventricle. In this patient the pityriasis extends over chin, forehead and entire scalp. Mucosa of nostrils healthy. In this patient the use of coffee as a beverage is always followed by epistaxis. It is evidently not a direct effect of coffee on the nasal or cranial circulation. Coffee appears to have the property of temporarily suspending the cardiac inhibition. An already over-acting heart has the power, when thus let loose, of overcoming the resistance of the superficial intra-nasal vessels, with the result that the blood is pumped right through their walls. The furfuraceous rash which had existed for six years promptly disappeared under *merc. corr.* 30 internally, aided by the free application by carbolic oil. gr. 10 to the ounce. This was put on liberally each night and next morning was washed off by means of very hot water and a soap made thus :—

Sapo moll. pur. ... .. 3j.

Liquor. carbonis deterg. [Wright] 3ii.

The second Batavian was of entirely different type. Aged 23, dark, slender and irritable, he had become very morose of late. After considerable pressure I extracted from him the cause of his depression ; it was that his testicles were not descended. They could be felt just outside the external abdominal ring in the canal of Nuck.

\* What a splendid opportunity for a most rash generalisation !



I directed him to wear a double hollow truss, and greatly relieved his mind by explaining that this was quite a common condition, that they would probably descend in time. He had had gonorrhœa eight years before, and has had osteo-arthritis ever since. He is very sleepy at 4 to 5 p.m. Has a chronic itching with erythema of perineum. Frequent vertigo, and is low and apprehensive. Has a foul taste in the morning, appetite enormous. He has suddenly come into great wealth, and no doubt eats and drinks too much. Eyes often inflamed. Stuffy nose. His gums bleed, and his teeth are in a bad state. Offensive breath. Follicular throat. Copious flatus in stomach and abdomen. Lobulated stools which are usually very dark. Small stream, but a No. 9 English easily enters the bladder. Urine always laden with lithates and full of phosphates. Grey black expectoration in the morning. Smokes to excess. He always has a central sacral pain after self-abuse. Cold feet.

I sent him at once to the dentist, then away for a yachting cruise. Ordered long course of *chin. sulph.* 1 die *nux* 1 nocte.

In a month much improved—a great deal happier. *Chin. s.* gr.  $\frac{1}{2}$  at midday, *podophyll.* 1 nocte.

Next month, *chin. s.* gr. 1 midday, *ign.* 1x nocte. One tea sp. of maltopepsyn after meat meals.

Next consultation one month after, discharged cured.

*Bryonia in Anæmia*:—Arrest of menstruation, anæmia, osteoarthritis.

Oct. 10th 1885. Miss E. T., age 25. The menses appeared first at 18, they have always been scanty, irregular and prone to cease suddenly and then recur after an absence of some hours. She has light hair, a sallow skin, the body is well nourished. For the past three months she has had a little yellow discharge at the monthly epoch instead of a proper period. Before that she went nine months without seeing anything. She feels very miserable and good for nothing; starts in sleep; with headache chiefly temporal (throbbing); is sometimes giddy; the scalp is covered with scales and the hair comes out freely. The eyes pain after reading at night, and the vision is sometimes dim; itching of the nose and recurrent toothache; granular throat; occasional nausea; severe constipation so that she has

to strain, she gets both pain and itching at the anus. Feels a sense of bearing down in front after walking. She has a painful loose cough and palpitation on exerting herself. The back is covered with acne papulosa. The loins frequently ache as also do the legs "as if they had been beaten." The left knee crepitates. She has cramp in her legs which swell after unusual exertion. Puls. 80 by day. Puls. 1x at bedtime.

Nov. 21st. Feels better in general health but no period.

Dec. 5th. Frontal headache; cough unusually troublesome; feels much bearing down. *Bryonia* 1.

January 2nd, 1886.—Cough better; headache and downward pelvic pressure are gone. Period came on on the 19th; it is the first proper period without pain that she has had for twelve months. *Apis* 6 twenty-eight days; then *sulph.* 3x twenty-eight days.

March 9th.—Giddy and languid, flatulence and fluttering of the heart. When the period was due the breasts became turgid, but no red discharge appeared. *Bry.* 1, 2 pilules each night and morning; *fer. redact.* 1x gr. 5 after dinner daily.

March 19.—Period came on without discomfort after an absence of two months, ten days after resuming the suspended *bryonia*; it lasted four days.

I dismissed the patient, recommending her to take *sulph.* 3x and *bryonia* 1 for alternate fortnights during the next six months.

The action of *bryonia* on the endometrium may be a *post hoc sed non propter*, for on being tried on another occasion it would not induce the desiderated menses, which came on after two grain doses of *permanganate of potash* had been taken every night for thirty nights.

## NERVOUS DEAFNESS.

By ROBERT T. COOPER, M.D.

Physician, Diseases of Ear, London Homoeopathic Hospital.

It must be obvious to every student of disease that there are necessarily many more kinds of deafness than are described in books; the difficulty is to differentiate between these and to distinguish the one from the other.

I pride myself in having worked out the essential features of nervous deafness (*vide* paper in *Lancet*, July, 1885, on "The Deafnesses," republished along with "Vascular Deafness," by Messrs. Baillière, Tindall & Co., King William Street).

A case came to the hospital not long ago which not alone shows the power of *magnesia carbonica* in this affection, but which illustrates a peculiarity of the affection itself. It will be remembered that I insisted upon it that the typical nervous deafness comes on from a shock of some kind, and that it is generally a very pronounced deafness. Consequently it is a form of chronic disease with which the homœopath ought to be well acquainted, for it is one in which the patient is so deaf as to render it impossible, if one is hurried, to obtain a description of the symptoms, but even more than this the characteristic feature of the case is that the symptoms having been produced by shock, *the cerebral faculties appear stupefied and the patient is unable to describe his symptoms.*

This was evidently the case with the Rev. Hy. J. D., who came under me in the end of October. He was 37 years old, thin, of darkish coloured hair, of active and intelligent appearance. He began by telling me he could not hear, especially in the pulpit, that he had been deaf for six months and that the deafness came and went. Beyond this, and that he had occasionally buzzing and sometimes a whistling, especially in the left ear, and that his general health was good, I could get nothing out of him. He had been six months under good homœopathic treatment and without the slightest benefit, so that evidently during that time the deafness had not come and gone.

Taking this latter symptom as my principal guide, I told him plainly he was suffering from nervous deafness, and that he had had it for much longer than six months, and that it had come on originally from a shock.

Hearing distance  $\frac{3}{4}$  in. right,  $2\frac{1}{2}$  in. left. Prescribed 1 pilule of *magnesia carbonica* 200 every morning.

On 12th November (after a fortnight) he returned, and stated that after the second pilule he began to feel distinctly and decidedly better, has fluctuated since the improvement began, but is very much better, hears the voices and the tunes of the hymns in chapel quite dis-

tinctly, which he had not done for months, and in no instance has his hearing been defective except when exhausted, as, for example, on Monday morning.

The buzzing is quite gone.

General feeling much improved.

Watch hearing—right, 1 in.; left, 8 in. Tuning-fork, very dull on right, fair on left.

Mr. D. told me that on mentioning to his friends what I had stated, they wondered at his forgetfulness, as three years back he had been taken out of the sea at Eastbourne in a half-drowned state. When I replied "Yes, and your deafness must have dated from then," his reply was, "Very likely it did"; showing how obviously the mind had been clouded by the condition into which he had been thrown.

He has since written me a capital account of himself.

In another patient, a middle-aged woman, who has been under me off and on since November, 1880, I detected the nervous character of her deafness only by the way in which medicines acted upon her.

In November, 1880, she came saying she had been deaf "from cold" for one month in both ears; inquiring I found the left had been deaf four years. *Phosphorus* 3rd cent. and 200 had cured her the first time; in September, 1885, *ferrum brom.* 1x was given, but in October, 1887, she again returned, and when I asked her as to the effect of the medicine her reply was significant. At the time she took it she was nursing a baby, and each time she took the *ferr. bromicum* the baby's motions became green. She tried it several times with the same result. I again, on 15th October, 1887, gave her *ferrum bromicum* 1x, and on 22nd October she complained of hearing worse than ever. On 15th, hearing was 15 in. on right, and 1 in. on left. On 22nd watch was only heard on contact on both sides, and the prominent symptom was a heavy dragging weight at the ears for last three days. *Gelsemium* 3rd was now given, and on 5th November hearing was very much worse, "could hardly hear at all." I now gave *strych. pur.* 12th dec., and on 10th December she returned hearing very much better, in fact as far as conversation went, quite well; and watch hearing was 40 in. on right and 4 in. on left.

Seeing this marked improvement in such a short time,

and taking count of the action of the remedy, I taxed her with having had a shock in the first instance.

“ Oh, yes ! it was after the sudden death of a favourite child I at first came deaf.” And yet she had led me to suppose when I first saw her that it had come on from cold. Truly we have here an example of disease being known by its remedy.

There are amongst our colleagues those who are continually finding fault with our hospital and complaining of our not reporting cases ; these, as well as many other cases I have reported since my connection with this institution, must be my reply, and as a rejoinder allow me to ask these enthusiasts in our cause why it is they hesitate to support an institution that is doing really good work, and which, if they think contrariwise, invites them freely to come and improve upon the work there done ?

To the acrimonious allopath these cases are a reply when he asserts our inability to describe diseases.

#### *Strychnine in Ear-Disease.*

M. A. C., a woman aged 59, a hospital case, came under me 21st May, 1887, with deafness that she had had since the November previous in the left ear. The right ear she seemed to despair of altogether ; it had become deaf twelve years previously, quite suddenly, and hearing had never returned. On examining the ears I found much more hearing in the right than her description led me to expect, namely, 10 in. for ordinary 60 in. watch, and but 1 in. in left ear. Tuning fork fairly heard.

Associated symptoms : Tinnitus incessant, day and night, subject to bronchitis and rheumatism, coughs much phlegm in the morning, whitish sticky phlegm, pain in left side catching her breath, pain in front of chest, sleep restless, bowels regular but much troubled with dry piles. *Stry. pur.* 12x gr.i. t.d.

June 4th. Has been much better of the tinnitus, piles less, bronchitic tendency much better, but the left eye has been much inflamed with much lachrymation and pain up the side of the head ; the hearing is wonderfully better, 28 in. on the right and 8 on the left. Continue same night and morning.

June 17th.—Hearing quite good, 60 in. on right, 55 in. on left; tinnitus gone; phlegm less; piles better; pains about body, which she was subject to, much better, but has a good deal of pain about the heart if she takes much exercise, and this comes even when sitting down. Were it not for this she would be quite well.

*Strychnine* competes with *quinine* in its beneficial effect in chronic ear-diseases; in the above case I look upon the tendency to bronchitic symptoms with rheumatism as in every way indicative of it, and then the chronic unvarying tinnitus is also characteristic of it.

## CASE OF MUMPS WITH UNUSUAL FEATURES.

By EDWIN A. NEATBY, M.D.

On Saturday, the 3rd December, I was called to see Mrs. R., æt. 30. She complained of a lump under the lower jaw on the left side, which I took to be the sub-maxillary gland enlarged. It was not tender, and there was no elevation of temperature or acceleration of pulse. Except on opening the mouth very widely it was painless. There was no swelling of the parotid gland. The patient had visited at a house where there was mumps, and the date of her last visit was November 28th.

On the 4th there was more pain, and on the 5th more swelling and pain, but the parotid was not affected. Temp. 99.2.

On the 6th the parotid (left) was very large and tender, had been "throbbing like an abscess." There is more pain if talking, but very little if not. Temp. 99.4, p. 72.

The right side is not affected at all. Patient complained of being very drowsy all day.

7th. Had a good deal of pain in the morning early. The swelling is less; there is none on the right side and no elevation of temperature. *Merc. sol.* 6 has been regularly administered.

Evening. During the afternoon the patient, who was about 2 months pregnant, aborted. She had had a little abdominal pain in the morning, and the pain and hæmorrhage at the time of the abortion were but slight. She had had no unusual exertion; she is an active woman and has not miscarried before; has had one living child.

The embryo had been expelled, but the placenta was found protruding from the os uteri with cervix contracted around it. In the endeavour to remove it the membranes were torn, and a part remained behind. *Secale* 30 every 2 hours.

8th. Morning. Has had a restless night; the right parotid is beginning to swell. Temp. 102.6, p. 120. Mouth feels dry and cracked. The membranes have not come away; the vagina is very tender to touch. *Puls.* 80 every 2 hours, and *aconite* if in much pain. Evening.—Temp. 101, p. 96. Feels less hot; the discharge is pale and not offensive. Uterus high up and os directed backwards; hypogastric and iliac regions very tender and resistant; membranes have not come away. To have vaginal douche with *Sanitas*, followed by *calendu*.

9th. T. 99.8, P. 96. Awoke in a perspiration. The right side of face is painful this morning; less hypogastric tenderness. Uterus is hard and large, the size of a small cricket ball.

This morning I removed the membranes with forceps and curette, and washed out the uterus.

10th. Has aching in the limbs to-day and awoke again in a perspiration; not much pain or tenderness across hypogastrium to-day; face better. Morning Temp. 100.2, p. 96; evening 99.

11th. Aching gone; still perspires; slept better. Had sharp pain through from hypogastrium to back yesterday from early morning until 2 p.m., and has it again to-day, more after the douche; it is relieved by hot applications. Some hypogastric tenderness to-day. P. 88, Temp. 98.6.

14th. Has made good progress. For a day or two there was slight foetor with the discharge; now, the smell has quite disappeared, and the quantity of discharge is very small. Temperature normal since last note. Face well since 12th. Appetite is good; patient eats without pain; sleeps well, no sweat. P. 78. To get up one hour to-day.

16th. Feels quite well but rather "shaky" on standing. Up four hours to-day. No discharge. The progress was uninterrupted and rapid after this date.

*Remarks.*—The interesting points in this case are as follows:—1st. It is not common for the sub-maxillary gland to be first affected. 2nd. The period which elapsed



between the enlargement of the sub-maxillary and that of the parotid—namely three days—is unusually long. 3rd. Similarly the tardy appearance of swelling in the right side is noteworthy. 4th. The small amount of discomfort and the absence of high temperature, except for a couple of days after the abortion; and, 5th. The speedy recovery after the lingering development were striking. 6th, and finally, it would be instructive to know if the relation between the mumps and the abortion was more than coincidence in view of the well-known occasional affection of the generative organs in mumps. Perhaps readers will record their experience.

### A CASE OF ACUTE ULCERATION OF THE AORTA, FOLLOWED BY EMBOLISM, HEMIPLEGIA, CEREBRAL ABSCESS AND DEATH.

Reported by Dr. OGDEN-JONES,

Resident Medical Officer of the London Homœopathic Hospital.

EDWIN G—., æt. 21 years, was admitted to the London Homœopathic Hospital, under the care of Dr. Moir, on 15th September, 1887, supposed to be suffering from phthisis. He was emaciated and very cachectic in appearance, and had been suffering for two months prior to admission from cough, with expectoration of “thick phlegm,” night sweats, loss of flesh and prostration. He dates his illness from having slept in a damp bed.

He has never been strong since childhood, and when the age of seven was “laid out” for dead, after an attack of syncope, in which condition he remained for three days, and was only discovered to be alive by the undertaker as he was placing him in his coffin. He has been subject to these attacks of “fainting fits” all his life.

There is no specific history.

*Family history.*—Good. No phthisis.

Examination of chest showed:

*Inspection.*—Flattening of infra-clavicular region on both sides. Expansion of chest good.

*Percussion* gave slight dulness at right apex, both anteriorly and posteriorly. Breath sounds normal over both lungs.

*Heart.*—Cardiac area increased. Apex beat  $\frac{1}{2}$  inch below and 2 inches to inner side of nipple. First sound

at apex accentuated. At the base, over the aortic valves, was heard a loud rough bruit, synchronous with the heart's systole.

*Pulse* 106; small and compressible.

*Temperature*.—Evening of admission, 102.4°.

*Urine*.—Normal.

After being under observation for a few days, it was concluded he was not suffering from phthisis, though what the exact disease was it was difficult to say.

He continued in the following condition until the 25th, viz.: there was very little cough, no expectoration, no night sweats, but an evening rise of temperature, varying from 100° to 103°. On the 24th he complained of pain in the left foot. It was found swollen, slightly reddened and tender over the instep, and in the swelling there was marked pulsation. This subsided in a few days, leaving the foot normal. He was gradually improving, as we thought—the notes of October 1st showing morning temperature 98.8°, evening 98°, no cough, appetite good, and feeling much better—until the evening of the 2nd, when his temperature rose to 103.2. At 5 o'clock a.m. of the 3rd he had an attack of vomiting, followed almost immediately by coma. When seen at 6.45 a.m. he was found in a semi-comatose condition. Pulse small; feet cold and the right side paralysed; right pupil contracted; cornea anæsthetic; left pupil dilated. There was also aphasia. The tongue could not be protruded. Temperature 101.4°.

This attack was undoubtedly caused by an embolus; and the probability is that the swelling of the foot on the 25th was from a similar cause.

He continued in this condition until the 21st, when symptoms of cerebral irritation became evident. His temperature rose to 103°. He became unconscious; breathing stertorous; and the paralysed arm and leg were constantly twitching. The left arm and leg became perfectly rigid, so that it was impossible to bend the joints.

The pupils were equally contracted and cornea anæsthetic; eyes turned to the right side.

The cardiac pulsations were very rapid, and there was a loud bruit at the base, heard over whole chest.

The temperature in the morning fell to 96°, but rose towards evening to 106.6°.

He died on the night of the 23rd, his temperature rising to  $107^{\circ}$  before death.

*Post-Mort. Exam.*—Body exceedingly emaciated.

*Thorax.*—Lungs, old firm pleuritic adhesions on both sides. Hypostatic congestion at bases. Normal otherwise.

*Heart.*—Left ventricle much hypertrophied. Valves, mitral, pulmonary, and tricuspid healthy; one of the aortic valves slightly ulcerated and roughened; other two healthy.

*Aorta* was much dilated about two inches above the valves. The tunica interna here being ulcerated in several places. The ulcers were about the size of a three-penny piece. Between the tunica interna and externa there was a partially organised clot of blood, 1 inch in length and  $\frac{1}{2}$  inch in breadth, which formed a hard tumour on the posterior aspect of the vessel. A portion of the clot projected through one of the ulcers, into the lumen of the vessel to the extent of  $\frac{1}{8}$  inch. This portion was soft and roughened, and it was most probably from here that the embolus was detached and carried to the brain on the 3rd inst. On the anterior aspect of the vessel were two atheromatous patches, which had not yet ulcerated.

*Brain.*—The membranes were much congested and adherent to the vertex to the extent of an inch or so.

The cerebral vessels were congested, the punctata being very marked.

In the left hemisphere, posterior to the third frontal convolution, was an abscess,  $\frac{3}{4}$  in. in length and  $\frac{1}{2}$  in. in breadth, extending to within a  $\frac{1}{4}$  in. of the surface of the brain. The tissue surrounding it was much softened and injected; lying in its centre was the vessel which had become plugged.

*Liver and kidneys.*—Normal.

*Spleen.*—Enlarged. In its substance were two large infarcts.

#### REMARKS BY DR. MOIR.

The chief points of interest in this case were, the difficulty of diagnosis in the early stage, and also after the hemiplegic attack, when it was considered to be acute ulcerative endocarditis. It was only at the *post-mortem* examination that the true nature of the case was revealed. As far as I am aware, it is the first case of the kind

reported, namely, acute ulcerative aortitis, resembling ulcerative endocarditis in every way, except in the part affected, which was the posterior surface of the aorta, two inches above the valves.

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## REVIEWS.

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*Fifty Reasons for being a Homœopath*: Given by J. COMPTON BURNETT, M.D. London: The Homœopathic Publishing Company, 12, Warwick Lane, E.C. Pp. 175.

THIS little book is one of the most striking and, we believe will prove to be, one of the most effective contributions to the homœopathic controversy that has appeared for many years. Its author is well known both as a successful physician and a pungent writer. The *suaviter in modo* does not exist in Dr. Burnett's controversial armoury, he relies entirely on the *fortiter in re*; and, in discussing homœopathy, we are not sure that he is not right. There is little if any room left for *suaviter* in dealing with an opponent, who is as firm in his conclusions regarding homœopathy as he is dense in his ignorance as to what that word represents, and the facts upon which its alleged truth is based.

Dining one evening with a friend and that friend's nephew, a young, recently graduated physician, fresh from the University of Cambridge and the Continental schools, and apparently well informed in medical science, he found that he had been asked to meet him in order to persuade him of the truth of homœopathy. "Things," he writes in the introduction, "went on quietly and smoothly at first, but presently we both waxed warm, I lost my temper, and—did not find it again that evening. Indeed, when I heard the whole body of homœopaths stigmatised as quacks, I did not mend matters by adopting the *tu quoque* line of argument." Finally, the conversation appears to have wound up by Dr. Burnett addressing his opponent as follows: "My dear fellow, your mind is as full of scholastic conceit as an egg is full of meat, and you are therefore a doomed man so far as scientific medicine is concerned; your cup of knowledge is full, but full of knowledge of the wrong sort," &c. After a rejoinder of a contemptuous type from his opponent, Dr. Burnett said: "Precisely, the old, old story of abuse and slander of the absent, but no *reason*. Why I could give you fifty reasons for being a homœopath, that if not singly, at least collectively would convince a stone." "Fifty reasons for being a homœopath, my dear doctor, pray let us have them, I have never heard one good reason yet," and so on, was the reply. Dr. Burnett was at this moment in the hall and leaving. Having gone, his young friend sat

down and wrote to him, concluding his letter by saying: "I now formally challenge you to come forward with those fifty reasons which you, somewhat braggishly, as I must submit, claim to be able to give." A correspondence involving two or three letters followed, in which Dr. Burnett urges the young physician to study homœopathy, and offers him the means of doing so. The latter replies with a "No; thanks many," and a demand for the "fifty reasons." Finally, after having "drawn" his friend into repeatedly pressing for his "fifty," Dr. Burnett writes: "You *will* have my fifty reasons; very good, you *shall* have them—every one of them, if I live."

These reasons appear to have been given in a series of letters to the young physician. They consist of a number of cases, each and all of them illustrative of the curative power of a homœopathically selected medicine. Few of these cases could have been cured otherwise, and certainly not one of them in anything like so short a time as that occupied in their restoration under homœopathic treatment. The interest in them is heightened by the terse and emphatically expressed comments of the author. Dr. Burnett's first experiment with homœopathy is very strikingly given. As house surgeon to a hospital he had become disappointed and ultimately disgusted with the results of the ordinary treatment, and the futility of the medicines relied on as remedies to check the course of disease. In this frame of mind Dr. Hughes' *Pharmacodynamics* and *Therapeutics* were put into his hands. After a study of them he came to "the conclusion, either that homœopathy was a very grand thing indeed, or this Dr. Hughes must be a very big ——." Presently, he adds, "My old skepsis took possession of me. 'What,' said I, 'can such things be?' No, impossible. I had been nurtured in the schools, and had been then taught by good men and true that homœopathy was therapeutic nihilism. No, I could not be a homœopath; I would try the thing at the bedside, prove it to be a lying sham, and expose it to an admiring profession!" Dr. Burnett was just as clear and forcible in his mode of expressing his views and feelings in his pre-homœopathic days as he is now!

He set to work. His attention had been painfully drawn to the importance and—with the only means then at his disposal—the impossibility of cutting short febricula. Feverish colds and chills were common just then, and he had a ward where children thus taken ill were received and retained until their diseases had declared themselves, when they were drafted into other wards. Adding a few drops of Fleming's tincture of *aconite* to a large bottle of water, he directed the nurse to give a dose to each child *on one side of the ward* as soon as brought in; those on the other side were treated in the usual

manner. On the following morning he found "all the youngsters on the *aconite* side *feverless* and mostly at play in their beds," while those who were on the opposite side were "worse or about the same." This experiment was repeated for some days and always with the same result, until on one occasion he was unable to visit the wards for two days, and, on returning to duty, he found *all* the children well; on enquiry, he learned that the nurse had taken advantage of his absence, and had given the *aconite* solution to *all* the children admitted!

This was Dr. Burnett's first *reason* for being a homœopath. *Aconite* had been demonstrated to be *homœopathic* to febricula, and he had *proved* that it cured febricula.

His correspondent replied that he gave *aconite* in fever, and Dr. Burnett reminds him of a certain French gentleman who talked prose all his life without knowing it! He adds that "a man who gives *aconite* for febricula is a homœopath, *malgré lui*."

The next case is one of chronic pleurisy—Dr. Burnett himself being the patient. Having as a lad had pleurisy, which left him with a dull, uneasy sensation in the left side, to get cured of which he had vainly consulted many physicians and tried "water-cure," "grape-cure" and other "cures," he writes: "When I was studying what the peculiar people called homœopaths have to say about their *bryonia alba*, and its affinity for serous membranes, I—What? abused them and called them quacks? No!—I bought some *bryonia alba* and took it as they recommended, and in a fortnight my side was well, and has never troubled me since!"

In commencing his *ninth* reason Dr. Burnett, apparently in reply to some remarks in the letter he had just received from his correspondent, says:—"You object to my 'jeering, offensive tone.' May I remind you, my 'regular' friend, that you began the 'jeering?' At your uncle's you plumed yourself upon being a 'regular,' and thought you were looking down from a mighty height upon the homœopaths! You insisted upon having my fifty reasons, and I am sending them as fast as I can, and if I parenthetically do a little jeering, you will please remember that I have the most absolutely unspeakable contempt for your ignorance, from the top of which you had the brazen effrontery to call the homœopaths quacks! You, the grossly ignorant, prejudiced 'regular,' flippantly call upon me to justify my professional position. When I speak of your ignorance, I mean your ignorance of the art of healing; of other kinds of knowledge I know you are full."

Again, in sending his *twenty-sixth* reason, he writes to his young friend: "You complain that I indulge in too much abuse, and that I am unnecessarily pugnacious and offensive. Perhaps so. Did you not have the impertinence to call the

homœopaths quacks? You who know nothing about what they do. And do not you allopaths, every man of you, go about day by day and slander the homœopaths?

“ You allopaths bear false witness against your homœopathic neighbours every day of your lives. Did I not once hear you say to your aunt at table, ‘ Oh yes, auntie, take some of your little homœopathic pilules, *they won't hurt!* ’ ”

If our author does not exactly “ speak the truth in love,” he at any rate does so in all sincerity, and in words that cannot be misapprehended.

Besides being, as it is, a clear and powerfully written clinical demonstration of the truth of homœopathy, affording ample evidence of the little short of marvellous control over disease which every physician may obtain who adopts homœopathy as the basis of his medicinal prescriptions, there are, scattered through the pages of this book, many therapeutic hints that will prove useful to many amongst us who read them.

The sphere of *condurango* in cancer is well illustrated at page 84. The homœopathic indications for the use of *canadium* (page 26) are not only worth remembering, but Dr. Burnett would be doing good service by working them out more fully, and for doing so, he apparently has ample materials. The cases of neuralgia, in which *natrum muriaticum* and *thuja* were respectively curative; those of hiccough, cured by *thuja*, *cyclamen* and *natrum muriaticum*; that of traumatic swelling of the right breast, together with several others, are instructive and suggestive; while that of somnolent lethargy, in which *hydrate of chloral* was given with prompt success, is a brilliant illustration of that “ therapeutic independence ” which homœopathy alone confers, enabling the physician to treat successfully cases that do not “ readily fit into any nosological cadre.”

Dr. Burnett's correspondent cannot believe that *natrum muriaticum* is in any sense a medicine. He will therefore be surprised to learn that Dr. Rabow, of Berlin, finds half-a-teaspoonful thereof frequently cut short an attack of migraine, if taken as soon as the premonitory symptoms begin to show themselves. Nothnagel has used it with success in a similar way in epilepsy. Rabow is not a homœopath—only a sort of Berlin Ringer!

But we must refrain from any more quotations, and conclude by heartily commending these “ *Fifty Reasons* ” to the careful perusal of all our readers, both within and without the profession. We feel sure that they will be alike entertained, interested and instructed; and, moreover, we do not think that any one who once commences to read Dr. Burnett's little book will lay it down until he has finished it.



*A Practical Manual of Gynæcology.* By E. R. SOUTHWICK, M.D., Assistant Professor of Obstetrics, the Boston University School of Medicine, L.M. Rotunda Hospital, Dublin. Boston: OTIS CLAPP & SON. 1888.

THIS is an excellent book, and a welcome contribution to our homœopathic literature. It does not aim at being a complete work, as some well-known treatises on the subject are; but the following extract from the preface will show Dr. Southwick's aim and views. "The author believes that uterine diseases are largely due to faults either of nutrition or of vascular or nervous supply, and, like other diseases, can be effectually and permanently cured by internal medication. In his practice and experience in teaching, he has felt the need of a practical manual of gynæcology, in which the general practitioner and student could readily find all the details of minor surgical gynæcology, diagnosis, local treatment, and therapeutics of uterine diseases. This book has been designed, therefore, as a safe and practical guide for these classes rather than for the specialist. Hence the history, anatomy, details of pathology, and major operations, excepting references and careful descriptions of them have been omitted; not that they are unimportant, but because they are easily found in other works, and do not have the direct and practical importance of the subjects presented."

The first two chapters on the causes of gynæcological disease, and on minor surgical gynæcology, with the principles of local treatment, are remarkably clear and well written. Dr. Southwick goes into detailed descriptions of the methods of uterine examination, and of the instruments required, with the modes of applying local applications, and the use of pessaries, in a way which will be found to be a great help to the student and general practitioner, and they supply a want which we have often heard expressed. The value of pessaries, and the indications and contra-indications for their use are fully discussed, and with much prudence and common sense. All these observations are rendered much clearer by the addition of good illustrations, and we may here say that the number of illustrations all through the book are a valuable help to the practitioner and student. The list of local applications was perhaps necessary, but in our opinion very few local applications to the uterus are required, and cases do better when internal treatment is chiefly relied on, while the comfort to the patient is much greater. We are very glad to see that Dr. Southwick, though mentioning various local applications in use, does not advocate them to any great extent, but lays most stress on carefully selected internal remedies. In the department of therapeutics the author adopts the

alphabetical arrangement in the drugs named, but he obviates the objection to such an arrangement by printing the more important remedies in block type, and of these the chief are distinguished by one or two upright strokes before the name of the medicine; those with two strokes preceding them being the specially important ones. Other drugs which may be less frequently required are printed in small type by themselves. Under the chief remedies, the author notes in brackets analogous remedies, and these hints will often be found of service to the busy practitioner. As an example of the mode of presenting his medicines, we may take the following :—

“ *Belladonna* (in cystitis) acute cases; nervous delicate women who do not sleep, and are inclined to greatly exaggerate their sensations. Vesical region very sensitive to pressure or jar. *Retention of Urine, which passes drop by drop.* (acon., canth., nux vom.). Urine hot and fiery red; at first clear, becomes turbid on standing (*Chelid.* turbid on passing) with reddish sediment (carb. veg., kreos. mez. *sapia*), red, sandy sediment, or like brick-dust (arnica, cinch., coccus cact., *lycopodium*, nat. mur., nux vom., nuphar., phos.). Paralysis sphincter vesicæ; constant dribbling of urine. If with the urinary symptoms there is acute congestion and bearing down of the pelvic organs, which are sensitive, and the examining finger feels distinct pulsations of the blood-vessels, belladonna will usually relieve promptly. Dr. Ludlam recommends atropine 3 every hour for very acute cases of gonorrhœal origin.”

Dr. Southwick gives full references to all statements not made on his own authority, and illustrates most of the ailments with cases, his own, or those recorded by others. The chapter on vulvitis and vaginitis is remarkably good, and in this place he describes the operations for perinnæorrhaphy, with careful and important details and illustrations. The chapters on displacement of the uterus, on erosions of the cervix, on endometritis, on leucorrhœa, amenorrhœa, and dysmenorrhœa are admirable. In fact we cannot but speak highly of the whole work. It is a valuable addition to the literature of gynæcology, and fills up a desired want, namely a thoroughly good work on this subject, with the additional merit of clearness in the indications for the homœopathic remedies, as will be seen from the sample we have quoted. We would recommend all who wish to know of gynæcology what every good general practitioner should know, to possess themselves of Dr. Southwick's book.

## MEETINGS OF SOCIETIES.

### MEDICAL REFORM UNION.

A meeting of the Executive Council of this body, Dr. Dyce Brown being in the chair, was held on the 22nd of March.

A letter was then read from Dr. Greig, of Wakefield, laying before the Council a correspondence which had occurred between himself and Mr. Walker, medical officer to the Post Office at Wakefield. The correspondence ensued on Mr. Walker having refused (contrary to the regulations of the P.O.) to see a patient of Dr. Greig's in order to countersign a certificate given by the latter. Dr. Greig asked the reason of this refusal, and the reply was, "As you and I do not practise on the same principles I could not visit your patient to certify as to his illness."

The following message was forwarded to Dr. Greig:—"The Council of the Association suggests that, in the first instance, the patient should lay the circumstances before the Post Office authorities, and complain of the breach of duty on the part of the Medical Officer of the Post Office. Also that Dr. Greig should lay the correspondence before the Postmaster-General. The Council conceive that this is the proper course to take, and will be glad to hear the result of this procedure."

The Council then commenced the revision of the proposed Articles and Rules of Association, and subsequently adjourned.

The adjourned meeting was held on the 12th of April, Dr. Dyce Brown being in the chair.

The consideration of the Articles of Association was resumed. As revised, the following are the

#### "ARTICLES OF ASSOCIATION.

"Whereas there exist at the present time certain Societies and Associations of medical practitioners which suppress all information relating to that method of treating disease, commonly known as the 'Homœopathic method' (the nature of which is set forth in the annexed statement); and whereas these combinations are employed to interfere with the freedom of those practitioners who openly avow their belief in and make use of this method:

"Whereas there are certain curative agents of well ascertained value, which are withheld from the knowledge of students at the medical schools, and whereas no information in respect of them is required by the British Medical Council from those who receive qualifications entitling them to engage in medical practice:

"Whereas the physicians and surgeons attached to general hospitals are in the habit of combining, with the object of

excluding those who openly acknowledge the value of this method from holding any appointments in such hospitals :—

“ Whereas certain medical journals exclude all information respecting this method, and refuse to publish the advertisements of books describing its real nature, while they systematically publish statements calculated to mislead the medical profession with regard to it, and with regard to the objects of those who are working for the development of this branch of medical science :

“ Whereas the existence of such conditions is contrary to the public interest, and to the advancement of medicine as a science, and renders it necessary that all medical practitioners who possess a knowledge of this curative method, and can attest its value, should openly avow such belief, and should associate themselves with a view to its advancement, taking such steps as may be necessary to restore the fullest liberty of opinion and practice to all medical practitioners ; and whereas they do not separate themselves from the medical profession as a body, but only from such actions as are calculated to discredit it ; nor exclude themselves from the practice of any branch of medicine or surgery, or from the use of any agent, hygienic or medicinal, calculated to promote the health or alleviate the suffering of those who may be entrusted to their charge :

“ It is resolved that an Association shall be formed to promote these objects, and that it shall be expected of all the members that they shall maintain the honour and dignity of medicine as a science :

“ That they shall not take part in any combination which shall have for its object the suppression of any knowledge relating to the science and practice of medicine.

“ That they shall not refuse professional aid to any qualified practitioner on account of any theory in medicine or surgery which may be held by him :

“ That in all questions of ethics they shall act as gentlemen and men of science in preference to following any code of ethical rules which may be adopted at any particular time in the supposed interests of the medical profession.

“ That in order that the scientific principles advocated by the Association shall be clearly understood, and that no excuse should at any time arise from their misrepresentation, a statement of these shall be added to these Articles of Association, and shall be considered as part of them.

“ That in order that the objects of this Association may be carried out, rules shall be decided upon by the Executive Council of the Association, and that such rules may be subject to alteration, as the Executive Council may direct,

subject to the sanction of a general meeting, but that the Articles of Association shall not be subject to alteration, except by a vote of three-fourths of the whole body of members."

The draft rules were then discussed *seriatim*, and the following were agreed upon:—

" RULES.

" I.—This Association shall be called 'The Medical Reform Union, being an Association of Practitioners who accept the Homœopathic principle in Therapeutics.'

" II.—All registered medical practitioners who shall sign the Articles of Association and general statement of principle, shall be eligible for membership.

" III.—In order that the objects as set forth in the Articles of Association shall be accomplished, this Association shall undertake:—

(1) The systematic collection of clinical evidence and statistics bearing on the general truth of this principle.

(2) To bring the facts thus obtained before the notice of the general body of the medical profession.

(3) To advise practitioners who may be desirous of investigating this branch of medical science, and to facilitate their study thereof.

(4) To keep a register of all vacant appointments and of practitioners qualified in this branch of medical science who may be at liberty to accept appointments where such knowledge is required.

(5) To take any steps which may be deemed desirable to defend medical practitioners from any interference with their liberty of practice, when such has been attempted with the design of suppressing the knowledge or application of any theory in medicine or surgery.

(6) The publication of an Annual Report, which shall contain the names of all members of the Association, together with a report of the information collected during the year, and any other information calculated to be of service to its members. That each copy of such report shall contain a copy of the Articles of Association and of the Statement of Principles of the Union.

" IV.—A general meeting of members shall be called annually, at which meeting a President, Vice-President, Secretaries and General Council shall be elected.

" V.—That a meeting of the General Council shall be also held annually, at which meeting an Executive Committee,

Chairman of Executive Committee, and Special Committee shall be appointed.

“ VI.—After December 31st, 1888, candidates for membership shall be proposed by two members.

“ VII.—The management of the Association shall be entrusted to the Executive Committee, and Special Committees shall undertake such part of the work of the Association as may be assigned to them.

“ VIII.—All members shall be required to maintain the honour and dignity of the Association, and to act in accordance with its rules; and the Executive Council shall have the right of removing the name of any member whose conduct is calculated to bring reproach on the Association.

“ IX.—The annual subscription shall be five shillings, due on the 1st of March in each year.”

A general meeting of the members of the Union will be held at the London Homœopathic Hospital, on Thursday, the 10th of May, at 8 p.m. The business of the meeting will include (1st) the consideration and final revision of the Articles of Association, Statement of Principles, and Rules; and (2nd) the Election of Officers for the ensuing year.

#### HAHNEMANN DINNER.

THE Annual Dinner of the members of the British Homœopathic Society in commemoration of Hahnemann's birth on the 10th of April, 1755, took place on Tuesday, the 10th ult., at the Criterion Restaurant, Piccadilly. The President of the Society, Dr. HUGHES, occupied the chair, Dr. EDWARD T. BLAKE, Vice-President, being in the vice-chair. They were supported by Dr. ROTH, Mr. HUGH CAMERON, Dr. BLACKLEY, (Manchester), Dr. G. WYLD, Dr. PULLAR, Dr. YELDHAM, Dr. RENNER, Dr. DUDGEON, Dr. DYCE BROWN, Dr. CARFRAE, Dr. OGDEN JONES, Dr. GOLDSBOROUGH, Dr. MURRAY, Dr. BUCK, Dr. BAYNES, Dr. ROBERSON DAY, Dr. CLARKE, Dr. WATSON, Mr. HERRMANN HILBERS, Dr. MADDEN, Dr. WASHINGTON EPPS, Dr. HALL, Dr. LLOYD TUCKEY, Dr. BURWOOD, Dr. HILL, Dr. MOIR, Dr. GOULD, Mr. KNOX SHAW, Dr. JAGIELSKI, Dr. KENNEDY (Newcastle), Dr. GUINNESS (Oxford), Dr. COOPER, Dr. GALLEY BLACKLEY. Among the visitors present were Major VAUGHAN MORGAN, Dr. CLEMENT, Dr. GILBERT (Reigate), and Messrs. MILLICAN, NESS, LAWRIE, PACHER, FELIX ROTH, BENNETT, RANDALL, KLOOT, CROSS, &c. Communications expressing regret at being unable to be present were received from Dr. POPE, Dr. CLIFTON (Northampton), Dr. A. CLIFTON (Leicester), Dr. SHACKLETON, and several others.

A very excellent dinner having been disposed of,

The PRESIDENT proposed "The Health of the Queen," a toast which (he said) her loyal subjects must honour with increasing solicitude as the years go on, for they could not fail to notice that it was to as many as sixty-nine poor men and women that her Majesty's Maundy bounties were this year distributed. They trusted that "under the roof of blue Italian weather" fresh stores of health and energy were accruing to a life so valuable to her vast empire.

The PRESIDENT next asked the company to drink to "The Health of the Prince of Wales and all the Royal Family," saying that never had the throne been surrounded by a nobler and fairer company of scions than now. He would venture to include, moreover, one who by marriage, though not by blood, belonged to our Royal Family. All Europe watched with anxiety the condition of the Emperor Frederick of Germany; and to no nation after his own was it an object of greater interest than to us, since the wife who had watched and tended him with such devotion was the Princess Royal of England.

The PRESIDENT then said: We are met together to celebrate the birthday of Hahnemann. Our colleagues in Paris, in Calcutta, and in I know not how many other cities of the old and new worlds, are doing the same thing. Surely one whose memory, 138 years after his birth, 45 years after his death, is still so green; who can unite so many voices in doing him honour, could have been no common man. And Hahnemann was no common man. It cannot be too often recalled to the attention of the public that they owe to him their deliverance from the "heroic" system of treatment then in vogue. We have little idea now of the woes of patients a hundred years ago. It could truly be said of them, as of the woman in the Gospels, that "they suffered divers things of divers physicians;" and as for the unfortunate subjects of acute disease, they had half their life-blood spilled by the lancet or sucked by leeches, and the remainder poisoned with mercury. Against all this barbarous and useless treatment Hahnemann raised a reiterated protest, enforcing it by repeated and most successful practice of another kind. For, not content with rejecting the bad, he substituted the good. In seeking for a more excellent way, his choice fell on the so-called "alterative" or "specific" employment of drugs as that in which they effected the maximum of benefit together with the minimum of harm. He took the prerogative instance of such medication—the use of bark in ague; he examined the action of the drug on the healthy body, and found it not opposite to, or altogether alien from, the phenomena of the disease, but closely similar thereto. The suggestion thus inductively gathered was tested by a pro-



longed and extensive deductive verification ; and at length Hahnemann was able to give *similia similibus curentur* as the law of specific drug-action—a rule by obeying which disease may be cured safely, swiftly, and pleasantly. We all know how industriously he spent the forty years of life yet remaining to him in developing and perfecting his method, and in supplying it with the *Materia Medica* necessary for its working. The result is that at this day there are in the world not less than ten thousand qualified practitioners of medicine who follow his standard, and who with us this evening rise up and call him blessed. Let us drink, in solemn silence as befits the presence of the dead, but with deepest veneration, to the memory of Hahnemann.

Mr. CAMERON proposed “The Memory of Dr. Quin, the Founder of the British Homœopathic Society.” In doing so he dwelt on the many-sidedness of his character, his high social position, his intimacy with the most eminent amongst all sorts and conditions of men, his kindness as a counsellor, and the soundness of his judgment. He pointed out how favourable for his success were the circumstances of the time when Dr. Quin began to practise in London. Prominent among such circumstances was the severity with which patients were treated by their doctors. At that time the physician who prescribed the strongest medicines in the largest doses was the one most esteemed by the profession. Against this the upper and higher middle classes of society were beginning to rebel. Visiting Rome and Naples they there witnessed milder methods of treatment successfully pursued. In both of those cities Quin was a warm favourite and welcome guest wherever he went. Hence the extensive introductions he was possessed of when he settled in London, and the numerous appointments which were awaiting his arrival. The opportunity these presented for the introduction of homœopathy was a splendid one, and Quin happily was on all points equal to the occasion. Splendid as was his position, it was no bed of roses. His adoption of homœopathy led to his having to endure the reproaches, and more than reproaches, of many dear old friends. Notwithstanding his cheerfulness in society Quin was of a grave and serious temperament, and this kind of moral torture was infinitely more painful to him than all the scurrility and abuse which was being constantly poured upon him by the medical press, which he had resolved never to take notice of unless his honour were attacked. At length this time arrived, and he felt himself compelled to send a hostile challenge to Dr. Paris, the President of the College of Physicians, who at the Athenæum Club had denounced him as a dishonest quack. His friend, the Earl of Charleville, conveyed the challenge,

and Paris made full apology, declaring at the same time that the words he had used were not directed against Quin personally, but against homœopathy! Dr. Paris here displayed more discretion than regard for truth! Personal attacks on him ceased from this time. I once asked Liston what he would have done had he been assailed by a certain medical journal as Quin had been. After some consideration he replied, "Well, I'd break every bone in his body, then mend 'em, and as soon as he could chew I'd ask him to dinner," and he added, "If you fellows treated these editors in that way there would soon be peace and good brotherhood among us all." Mr. Cameron then dwelt on Dr. Quin's earnestness, cheerful sympathy, inexhaustible fund of anecdote, and abundant but never offensive wit. Lastly, he continued, let me remind you of a few neighbouring localities. A short distance from where we now are, in King Street, St. James', is the house where Quin first hoisted the flag of homœopathy. At the other end of St. James' Street is the house in Arlington Street where he founded this Society, and where for many years its handful of members held their meetings. Nearer still is Golden Square where Quin founded the London Homœopathic Hospital. These three places are, therefore, landmarks in the progress of homœopathy, and Quin's name is undoubtedly associated with each. Very few of his old and intimate friends are now left, and in the course of nature the toast to his memory will have to be proposed by comparative strangers; but I am convinced that whoever performs that duty will gratefully remember the associations to which I have referred, and that he will not set down "aught in malice" but will be

"To his virtues very kind.  
To his faults a little blind."

I now, Mr. President and Gentlemen, invite you to join with me in drinking to the memory of Dr. Quin, the founder of the British Homœopathic Society, in silence.

After a brief interval, the PRESIDENT rose and said that Dr. Hamilton, who had undertaken to propose the next toast on their list, had been prevented from joining them, and therefore he would ask Mr. CAMERON, the senior member of the Society, to undertake the duty for him, and propose Prosperity to the British Homœopathic Society.

Mr. CAMERON said: Mr. President and Gentlemen,—I have been very unexpectedly, and almost at a moment's notice, ordered to ask you to drink to "The Prosperity of The British Homœopathic Society," by our excellent secretary and ruler of the feast. It is just 44 years this very day, and almost at this very hour, that by the aid of *five* doctors this Society was

born—and a poor little bantling it was—a very homœopathic, infinitesimal little creature. When I recall to mind its diminutive size that evening, and contrast it with the ample proportion to which it has developed since that time, and in which it presents itself in this room, I can scarcely believe the two can be identical, especially when I know that this representation of its bulk could be quadrupled had it shown off its full dimensions. On the occasion to which I have referred, every one of its members except one, and that one myself, was the recipient of some one of all the high honours that the Society could confer, for they were all President, Vice-President, Treasurer and Secretary. I was the only one left out in the cold, and to console me, I was made a full private. In his speech last year, Dr. Yeldham presented us with a most satisfactory record of the performances of the Society, and I believe that this year has been equally fertile. I need not say how cordially I congratulate the Society on the resumption of these Hahnemann Dinners, and on their excellent influence in promoting the friendly social amenities and relations that should always exist between all the members of our body. The long interval during which they were dropped is for ever associated, in my memory, with the dullest and stupidest period of our existence as a Society, however much it may have been distinguished for its literary and scientific excellences. The prosperity of the British Homœopathic Society is not a matter of hope, nor of good wishes, I am delighted to say. It is in such a prosperous condition that it is altogether independent of any praise, and to offer it good wishes is like an offer to send a wheelbarrow of coals to Newcastle, but in obedience to my order, I ask you to join me in drinking to “The Prosperity of The British Homœopathic Society.”

Dr. EDWARD BLAKE, replying on behalf of the British Homœopathic Society, observed that it was distinctly a Hahnemannian evening, and the guests should have from him quite an infinitesimal dose of speech. He thanked those present for the cordiality with which success to the Society, which he had the highly-prized honour to represent there, had been responded to. He was proud indeed to represent that Society, because amongst all the many medical societies in that great metropolis it occupied a perfectly unique position. It remained the only association of medical men in the capital which could honestly lay claim to candour and to catholicity. Every creed met there a calm and courteous consideration on its own merits. Gentlemen present had heard that on that very evening 44 years ago—in 1844—four medical men met Dr. Quin to contemplate the founding of the British Homœo-

pathic Society. The Society now boasted of 144 members. It had done good work in the present session. Papers had been read which showed careful clinical observation and patient pathologic research. He had only one request to make, viz : that young men should come forward with ordinary cases carefully recorded and treated with a common remedy, that they should not wait for rare and recondite conditions, as these latter were not nearly so instructive. He thought we might well take a hopeful view of the progress and future of homœopathy. We lived in an age when truth was more and more valued for its own sake ; when much less reverence was paid to formidable falsehood merely because it came to men under the *egis* of authority.

Dr. DUDGEON, in proposing the next toast, said : When I was asked to speak to the toast of "Progress of Medical Liberty," my first impression, in view of recent events, was that progress in this direction was as non-existent as snakes in Iceland, but that when I cast my mind's eye back on the history of homœopathy during the last 45 years with which I have been connected with the school of Hahnemann, I thought that some little progress had been effected. During that period I have seen fall around me more than 140 zealous and earnest combatants for medical liberty, and it would be blasphemy to suppose that all the efforts of those fighters for liberty had been fruitless. I think I shall be able to show that real progress in medical liberty has been made. When I first joined the ranks of Hahnemann's disciples we practised with fear and trembling lest a coroner's inquest should be held on patients who died under our care. Many such inquests were held, but beyond the annoyance and trouble to which we were put, they inflicted no further injury on us, except in one case, that of our late colleague Dr. Pearce, who was committed to Newgate by Deputy-Coroner Membury Wakley, who bullied a jury into finding him guilty of the manslaughter of his brother, whom Dr. Pearce had attended for some days in an attack of cholera, until he himself was laid up with the same malady as his brother, when the latter was handed over to an allopathic practitioner, under whose treatment he died. Baron Maule, before whom the case came, severely censured Wakley for directing the jury to return such an absurd and malicious verdict. After this mauling Wakley left the homœopaths severely alone, and since then we have been but little troubled by coroners, who now confine themselves to holding inquests on the bodies of those members of the "peculiar people" who die without calling in the services of any medical man. In former years colleges and societies vied with one another in passing resolutions condemning homœo-

pathy, as not only unscientific and pernicious, but as inconsistent with the honour and dignity of the profession. Dr. Dudgeon then referred to the Brighton resolutions of the British Medical Association in 1851, and compared them with the belated resolution of the London College of Physicians of 1881, showing that considerable progress in medical liberty had been made between these two periods. He also noticed the rejection of candidates for University degrees at Edinburgh and Aberdeen on account of homœopathic proclivities. Several physicians who had become converts to homœopathy were expelled from their posts in hospitals. Professor Henderson, of Edinburgh, Dr. Horner, of Hull, and Dr. Reith, of Aberdeen, were thus deprived of their hospital appointments, and several of our colleagues were expelled from their parochial posts. In Dr. Reith's case all the staff declared that they would resign if he was re-elected, and this threat had the desired effect of securing Dr. Reith's resignation. The same dodge was adopted by the staff of the Margaret Street Infirmary, in reference to two of their members who had become converts to homœopathy; but the governors were not to be bullied in this manner, and they passed a resolution according perfect liberty to their medical officers to practise as they themselves thought best, and accordingly our colleagues, Drs. Jagielski and Marsh, retained their posts in the infirmary, while their allopathic colleagues on the staff of the infirmary resigned and were replaced by others of more liberal sentiments. Here, again, we have evidence of progress in medical liberty. Our guest, Mr. Millican, was not so fortunate in his recent conflict with the staff of the Jubilee Hospital. But some victories are more disastrous than defeats, and these Jubilee bigots have not much cause for jubilation over their paltry triumph, for their tyrannical interference with medical liberty in Mr. Millican's case moved Lord Grimthorpe to commence a correspondence in the *Times* on the subject of homœopathy, which was continued for a whole month with great vigour, and with no small advantage to homœopathy. Mr. Millican himself joined in the fray, and we must all allow that his letters rendered immense service to the cause of medical liberty. One of the anti-homœopathic champions of the *Times* correspondence, "R. B. C.," undismayed by the result of that fight, continued his attacks on homœopathy in the *National Review*, but he has not taken much by that move. It is my pleasing duty to couple the name of Mr. Millican with the toast of medical liberty, of which he has proved himself such an able defender in the *Times* and *Nineteenth Century*. Though he does not share our therapeutic belief, he belongs to us by his advocacy of that medical liberty which we are all so concerned to promote.

Mr. MILLICAN, in responding, said that he took a hopeful view of the situation. He had received innumerable evidences of sympathy from men of good standing in the profession—hospital physicians and surgeons, and teachers at the great medical schools—in the recent struggle, and not a few congratulations afterwards. The tone was the same throughout. It was time this boycotting policy came to an end, and they hoped he might be able to effect it, but he was jeopardising his own interests and advancement in professional life, and they did not see their way to follow suit. This man had a hospital appointment which he did not care to risk the loss of; that man had a wife and family to consider, and he had everything to lose and not much to gain by entering the arena, and so on and so forth. But there were signs of weakness in the constant change of front adopted by the opponents of medical liberty. In support of this Mr. Millican quoted from a leader in the *Lancet* of April 30, 1881, as follows:—"We from our standpoint are prepared to contend that the 'law' of cure by similars is in every case and under all its forms and applications a scientific fallacy." And again:—

"When, therefore, a man says sometimes 'like cures like,' and at other times 'contrary cures contrary,' he is surrendering the last vestige of a claim to be recognised as a scientific practitioner, seeing that he professes to have 'two sets of convictions which are mutually destructive, and neither true because they are incomplete.'" These passages Mr. Millican contrasted with the leading article in the *Lancet* of April 16, 1887, warmly eulogising and endorsing Dr. Lauder Brunton's celebrated preface concerning homœopathy, which distinctly states that the rule *similia similibus curentur* is recognised by orthodox practitioners as "of partial application," that is to some extent true. Mr. Millican then asked leave to refer to two general arguments which had been used in support of the principle of excommunication. The first was that based upon an analogy with religious bodies. To this there was a very clear and easily discernible answer. Religious creeds professed, rightly or wrongly, to be founded on Divine authority, and consequently upon infallibility. But no such claim was or could be made on behalf of medicine, or any other scientific theory, which could only claim for its highest basis the human reasoning capacity—a basis at the best *liable* to error, and at the worst, especially when tinged with "envy, hatred, malice and all uncharitableness," as in the course of human nature it was bound to be at times, positively full of it. The second point was one which was urged by one of the combatants in the recent correspondence, and has been repeated many times. It was asked, Where is the liberty of



opinion in trying to compel men who do not believe in homœopathy to extend professional intercourse to the practitioners of that system? Now, either the propounders of this question were very deficient in accuracy of observation, or they were putting forward an objection which they know to be a monstrous *suggestio falsi*. No one wants to compel any doctor to meet a homœopathist if he does not care to do so. What was complained of was the vexatious rule of professional ethics, which would compel a man, who does not object to extend professional fellowship to his homœopathic brethren, to boycott them under pain of being himself, if not absolutely boycotted, at least cold shouldered, and regarded as unworthy of professional fellowship. That this rule is quietly chafed under by a very large section of the leading juniors in London and elsewhere was shown by the extensive sympathy and congratulation he had already referred to, including some fifteen hospital physicians and surgeons from the larger institutions.

Mr. Millican then went on to say that the gravest charge brought against homœopathists in justification of the ostracising policy was that of schism. He was in no likelihood of incurring that charge himself, for though he unblushingly owned that he stole lots of details of treatment from homœopaths, and should continue to do so whenever he thought his patients might benefit thereby, he should certainly avoid all identification with any organised system. At the same time he did not lose sight of the fact that a large part of the moral responsibility of the schisms rested with those who forced it, and as a proof that they were still doing their best to perpetuate the schismatical attitude he read a letter from the editor of the *British Medical Journal*. They had been told in the leading organs of the profession that so long as a man did not ally himself to antagonistic associations, directories, and names, no one would interfere with his practising what he pleased. Yet, what was his case? He had recently sent in a communication to the *British Medical Journal*, not on any matter in dispute, not even on any subject of therapeutics which might open the way for the introduction of heretical treatment, but upon a pathological matter, viz.: the presence of certain local vaso-motor paralyses in gout. No acknowledgment having appeared in the journal, he wrote enquiring if it had been received, and stating distinctly the nature of the communication, and this was the reply he got. "Dr. Millican's article has not been received. Should any communication be received from him it will be necessary, in view of the recent published correspondence, to submit it to the journal committee." (Shame, shame.) Was not that a course



calculated to throw a man into schism? He didn't intend to be "chucked," partly because he felt he could do his work better where he was, but it was more than enough to justify him. The last point to which he would refer was the shriek of horror at these matters being discussed in the lay press. But the incident just quoted showed how absolutely idle it was to expect a vestige or spark of fairness or justice from the medical press, and there was, therefore, nothing left but to go to the supreme court of appeal for every question, viz.: the public. And after all, the *Lancet* of all journals had no right to complain of an appeal to the lay press, for it distinctly claimed a position thereamong itself. In the preface to the first number Mr. Wakley told his readers, to whom it was addressed, it was intended to be useful to the medical and surgical practitioners of this city—London—whose avocations prevent their personal attendance at the hospitals; to country practitioners whose remoteness from the head-quarters, as it were, of scientific knowledge leaves them almost without the means of ascertaining its progress; to the numerous classes of students whether here or in distant universities: to colonial practitioners; and, finally, to *every individual in these realms*. If that was not an appeal to the general public he would wish to know what was. In conclusion, he begged to thank them for their enthusiasm in receiving this toast, and especially for the kind and hearty way in which they had paid him the honour of associating his name with it.

Major VAUGHAN MORGAN, on being called upon, said that he felt that his proposing the toast of "The Hospitals and Dispensaries" was an act of presumption on his part. Nevertheless, it was a toast that enlisted his entire sympathies, and therefore he had very great pleasure in bringing it under their notice, which he would do very briefly, partly on account of the very late hour, and partly because he had only that evening arrived from Paris, and felt very fatigued. He proceeded to say that he did not look on our hospitals merely as hospitals, but as missionary pivots whence the doctrine could be popularised, and the public could see the working of the system. He thought the dispensaries would gain in power if they were affiliated in some form to the hospital, as there were many steps which could be taken by the hospital authorities which the medical men in charge were precluded from taking. Furthermore the metropolitan dispensaries might be much more utilised than they were as feeders for the hospital, and this reminded him that the London Homœopathic Hospital wanted feeding in other ways as well, as their powers were crippled by want of means. Not that they had any cause to complain as compared with other hospitals, for although in

need of more funds they were comparatively well off; indeed homœopathy was flourishing in all directions, and what with odium medicum controversies, and the grand new Hospital at Liverpool, was now passing through a most memorable time.

Dr. CLARKE, in responding, said that their hospitals and dispensaries were public institutions, and without the assistance they derived from the able management of the lay governors and committees the work of the physicians and surgeons would be but imperfectly performed. He did not know where the London Homœopathic Hospital would be were it not for the exertions of Major Vaughan Morgan. He regarded institutions of this kind as being especially important from their public character, and because they brought homœopathy within the reach of the poor. It had been said that the poor would not appreciate homœopathy, since the medicines prescribed in harmony with it had neither smell nor taste in most instances. But the experience of homœopathic hospitals and dispensaries had shown the very reverse of this to be true, and proved that the poor liked to be cured without being half-poisoned first of all if they only had the chance.

Dr. WYLD proposed the health and prosperity of our British Homœopathic periodical *litterateurs*. He said it was with reluctance and regret that he rose to propose the toast, as his doing so was owing to the necessary departure of Dr. Yeldham, who was to have given the toast, and he felt that all must much regret the absence of Dr. Yeldham's genial and kindly face and his encouraging and benevolent words. For himself he would never cease to admire the laborious constancy of the editors of our periodical literature. It seemed to him that the life of an editor of a periodical must be one of continual care and toil, and he felt that had it been his lot to occupy that position the monthly or quarterly routine, with its inexorable demands, must have brought his grey hairs with sorrow to the grave. But with the editors of our homœopathic literature the very opposite effect seems to have been produced; for they one and all seem to have flourished wonderfully on what they fed on, as must be manifest to all present. For in our President we beheld the comely visage and open blandness as of "peace on earth and goodwill towards men." In Dr. Dudgeon one who seemed to grow younger and younger, and indeed to flourish in immortal youth. We found in Dr. Clarke one always the optimist; in Dr. Pope one who would never throw up the sponge; and in Dr. Dyce Brown the visible incarnation of solid success. In the presence of so much health and strength it seemed superfluous to drink to a greater strength, but he (Dr. Wyld) could not but feel that from first to last our British homœopathic literature had been conducted

in a gentlemanly, philosophical and scientific spirit, and to this we owed in great part our present advantageous position, and he (Dr. Wyld) had therefore much pleasure in proposing the present toast, and coupling it with the name of Dr. Dyce Brown.

Dr. Dyce Brown, in replying to the toast, said that he much regretted, and he was sure all would regret, that his friend Dr. Pope was not present to reply to this toast, as promised on the programme. It was not from want of will that Dr. Pope was absent, but owing solely to the severe family affliction with which he has been visited during this last winter, and in which all present must sympathise with him. The editors of the homœopathic journals have often complained that their pages did not reach those into whose hands they desired that they should fall, and so their arguments had to be reiterated in every form, in the hope that they would sow seed which might ultimately yield fruit. Now, the correspondence in *The Times* had shown that our journals were read by the old school, as was evident from allusions made to them by the old-school writers in that controversy. He believed that they would be more and more read, and would yield fruit afterwards. Dr. Dyce Brown thought he might include in this class of periodical literature the tracts of the Homœopathic League, as they came out at very regular intervals. For these able and convincing tracts we were indebted to the hard work of our indefatigable colleague Dr. Dudgeon, and the extensive influence of these tracts was shown by the statement of "J. C. B." in *The Times*, that the country was being deluged with them. The Committee of the League had information also of the quiet, unostentatious good these tracts were accomplishing in the ranks of the old school. Journalists must note with astonishment the recent resolution of the College of Physicians, deprecating the writing of articles on medical subjects in non-medical journals and magazines by members of the profession, and with their names signed. Doubtless the immediate cause of this extraordinary resolution had been the appearance of Mr. Millican's article in the *Nineteenth Century*, and that of "R. B. C." in the *National Review*. The latter must have caused much chagrin at the College of Physicians, as it was one much more likely to injure their cause than ours. But this resolution was a gross piece of tyranny and boycotting such as had not been attempted before. Dr. D. Brown urged that the members of the profession should not allow themselves to be thus intimidated, but should continue to enlighten the public, when they got the opportunity, on medical matters which were of the highest importance to the laity. He thanked Dr. Wyld and the members of the Society for the kind manner in which this toast had been received.

Dr. BLACKLEY, Senr., rising, said—Gentlemen: There is another toast I should like to propose before we conclude the very pleasant time we have had since we came together this evening. It is to drink the health of our esteemed and respected President, Dr. Hughes, and I am sure this toast will meet with your heartiest sympathy and approval. I have no doubt there are gentlemen here who know better than I do what the amount of work is that Dr. Hughes has done, and is still doing, for homœopathy, and for the science of medicine as a whole; but there is not one that has a higher appreciation of the quality of that work. To me, who know some little of the difficulty of conducting a busy medical practice, and at the same time doing literary work, it is simply amazing to see the amount of work Dr. Hughes gets through. Dr. Blackley here related an anecdote showing the importance of a man doing his work to the full of his ability. Continuing he said, Dr. Hughes is just one of those who, I believe, always does his work as well as he can. But I go further than this and say that I think there is not one amongst us that could have done the work better than he has done, and I hope he will be long spared to continue his labours, and to leave the world of homœopathy better than he found it. I have great pleasure in asking you to drink Dr. Hughes' good health. The toast was drunk with musical honours.

The PRESIDENT thanked the company for the way in which they had honoured the toast of his health, and Dr. Blackley (whom he hoped to see among them more frequently) for the terms in which he had proposed it. The *cacoëthes scribendi* had been his from youth up; and since he became convinced of the truth of homœopathy his ambition had ever been to use in its service any facility with the pen he might have acquired. He was grateful for the acceptance his literary work had received, and for nothing so much as the goodwill of his colleagues here and at other times so warmly expressed. He hoped to go on serving them and the common cause to the end.

The PRESIDENT then proposed the health of "The Visitors." He had, he said, intended coupling this toast with the name of Mr. Ness, but as that gentleman had been obliged to leave he would ask Mr. Millican to respond.

Mr. MILLICAN, after thanking the Society for the hearty welcome which had been given them, asked permission there publicly to record his thanks to those gentlemen, very many of whom he saw present in the room, who had rendered him such substantial support in the recent struggle, and especially to his fellow visitor Major Vaughan Morgan, to whose kind and unwearied exertions he owed it that he was a survivor

and not a victim of the struggle for liberty of action for medical men to rise superior if they chose to the petty jealousies of cliques and schools.

Dr. ROTH rose and said: I have been called upon by the President to ask you to drink to the health of the gentleman to whom we are indebted for having brought us together this evening, and who has made all the arrangements which have contributed so much to our comfort and pleasure on this occasion. This is probably the last time I shall have the honour of addressing you, and I will now simply request you to fill your glasses and raise them for the purpose of drinking to the health of our honoured Secretary, Dr. J. G. Blackley.

Dr. J. GALLEY BLACKLEY having briefly acknowledged the compliment, the company shortly afterwards dispersed, it being admitted on all sides that a most enjoyable evening had been spent.

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## NOTABILIA.

### CONCERT ON BEHALF OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE largest concert yet given in aid of the funds of the London Homœopathic Hospital took place at St. James's Hall on Monday evening, the 23rd ult., at 8.30 p.m. It was a very brilliant affair, the large hall being crowded, and the evening's entertainment in every respect most successful. Mr. Raphael Roche conducted, and the splendid programme of music and gathering of artistes of eminent rank in the profession of music reflected great credit on his management. The sale of tickets had been vigorously worked from the hospital, and the result was a very notable and interesting *rèunion* of friends of homœopathy and of the hospital. The concert commenced with a "March" by Gustav Ernest, played by the composer and Mr. Raphael Roche; Herr Waldemar Meyer followed with violin solos. Mr. Gilbert Campbell sang "I'm a roamer;" Madame Nordica, "Far away from Thee" (accompanied by the composer), "Autumn," "Spring," "Mia Piccirella." Mr. W. H. Lawton, of New York, who at three hours' notice most kindly supplied the place of Mr. Sims Reeves, who was unavoidably absent through illness, sang "Marguerite" by L. Denza. Miss Hope Glenn, sang "True Love," and "Heaven's Watchword." The veteran basso, Herr Carl Formes sang "Non piu andrai." The names of these artistes is of themselves a sufficient guarantee of the quality of the performance, and it is almost superfluous to add any word of criticism.

The kindness of Mr. Lawton in coming forward to take Mr. Sims Reeves' place, as well as the admirable manner in which he filled it, were alike thoroughly appreciated. Herr Carl Formes, who is well remembered by the seniors amongst us as a *basso profondo* of exceptional power, made his first public appearance at this concert after an absence from England of twenty-six years, was also in good voice. Miss Hope Glenn is an artiste now so welcomed by the public in any programme that we need only say she sang with her usual power and pathos. Madame Nordica, whose talents have won for her a first place in her profession, was most charming in execution and manner, and completely won the hearts of her audience. As the hall was well filled with a fashionable audience we may safely predict that the Hospital will reap a substantial advantage from this well-sustained and much-enjoyed musical evening. To the artistes themselves the warmest thanks of all interested in the Hospital are due.

#### AMBULANCE LECTURES AT RAMSGATE.

Our colleague, Dr. Hawkes, of Ramsgate, has lately been giving a gratuitous course of lectures on bandaging, dressing, &c., to the members of the Ramsgate Cycling Club, under the auspices of the St. John's Ambulance Association. It is evident that the lectures were of a high class and thorough order, and the members of the club apt pupils, as, at the end of the course, the gratifying result was that all the 25 members of the class obtained (after examination) certificates of competency from the examiners of the St. John's Ambulance Association. It is pleasing also to note that so highly did the class appreciate Dr. Hawkes' lectures, that they subscribed for and presented him with a handsome silver-plated salver, bearing a suitable inscription.

#### HOSPITAL AND DISPENSARY REPORTS.

##### BIRMINGHAM.

THE admissions to the Birmingham and Midland Counties Homœopathic Hospital during 1887 numbered 305, being an increase of 103 over those of 1886.

"In spite of greatly increased economy of management the year's account showed a deficit of £256 12s. 2d., which added to the adverse balance of 1886 made a total deficiency of £511 7s. 9d." A strenuous effort is being made to wipe off this debt.

On the 18th of January an entertainment, consisting of the performance of the operetta, *Thorough Bass*, followed by songs, sentimental and comic, took place in the Entrance Hall of the

Hospital for the delectation of those who had been in-patients during the previous year, together with any who, being then in the wards, were well enough to attend. The performance was preceded by a tea. The decoration of the hall and its transformation into a theatre were carried out under the direction of the Matron (Miss Seavill) and the Resident Medical Officer (Dr. Wingfield). The performances afforded much pleasure to those present, and reflected the greatest credit on those who so kindly gave their services to amuse the past and present invalids of the Birmingham Homœopathic Hospital.

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#### PLYMOUTH.

DURING the first three months of the year the Cottage Hospital, attached to the Devon and Cornwall Homœopathic Dispensary at Plymouth, was closed in consequence of an outbreak of infectious disease. Since April, 25 patients have been admitted of whom 13 have been discharged cured, 6 improved, 1 (sarcoma) without improvement, and 5 remained under treatment.

At the Dispensary 2,449 cases were admitted, of whom 2,016 were either cured or relieved, 313 either made no report or were unrelieved, 24 died and 96 remained under treatment.

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#### BOURNEMOUTH.

THE Hahnemann Convalescent Home and Homœopathic Dispensary, in its ninth annual report, informs us that 120 patients have been treated in the Home during the year. Two have died from phthisis.

At the Dispensary 763 cases have been admitted. Of these 354 have recovered, 90 were improved, 30 unimproved, 228 rendered no account of themselves, 7 died, and 54 remained under treatment.

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#### LEICESTER.

THE Homœopathic Provident Dispensary of this town opened its doors for the first time on the 1st of January, 1887. During the year 1,808 applications have been made for advice, and 834 visits have been paid to the homes of patients.

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#### OXFORD.

THE Homœopathic Dispensary at Oxford reports 2,009 attendances as against 1,800 for the previous year, the number of new patients being 784.

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#### CROYDON.

THE Homœopathic Dispensary here admitted 691 patients during 1887, as compared with 566 during 1886.



## TORQUAY.

THERE were on the books of the Homœopathic Dispensary at Torquay during 1887, 963 patients, of whom 807 were cured, 291 relieved, 4 died, 158 remained under treatment, 150 made no report, and 53 were unrelieved.

## RAMSGATE.

THE report for the year ending February, 29th, 1888, shows that during that time 138 patients had been under treatment, and that the total number of attendances had been 538.

## CHARITABLE BEQUESTS.

WE are informed that the late Dr. David Roth, so long and so well known as a homœopathic physician in Paris, has bequeathed the sum of 120,000 francs to the French Benevolent Medical Society, and a similar amount to the Parisian Night Refuge Institution. The object of the latter society is to provide accommodation, together with such food as may be necessary for persons of any nationality or creed in urgent need of aid of the kind for one or more nights.

## NAPHTHALIN.

*Naphthalin* is a drug which, from our not having any record of its pathogenetic properties, we have not the opportunity of employing with the precision we desire. Dr. Hughes, in the appendix to the last edition of his *Pharmacodynamics*, refers to its having the power to excite urination, reddening, and tumefaction of the external orifice of the urethra and œdema of the prepuce, and so to influence the general nutrition as to give the face a pale yellowish hue, and render the patient restless, as if suffering from a narcotic. Dr. Laird, of Utica, N.Y., in a paper published in the *North American Journal of Homœopathy* (March, 1888), brings together all that is at present known of its uses as a therapeutic agent. Its now generally admitted antiseptic power has been utilised in the treatment of foul and indolent ulcers with great success. A solution of one part *naphthalin* in four parts each of *alcohol* and *ether* causing them "to granulate and cicatrize rapidly." A 5 per cent. ointment has also been used advantageously in prurigo.

Dr. Laird refers to its producing dysuria, and "when applied to the tongue gradually developing a strong acrid burning taste in the mouth and throat, and the expectoration of ropy or frothy sputa." These facts represent the sum of our knowledge of its pathogenesis so far, but as it is a recognised antiseptic, and as medicines having a reputation of this kind

are now not only largely but, in many instances, excessively used by very many medical men, we shall, doubtless, from this source alone, soon have an opportunity of learning a great deal more of its specific action.

Meanwhile, Dr. Laird has inferred from what little he has been able to gather that it is "primarily irritative of the mucous membranes, especially of the respiratory and urinary tracts." In its action upon the respiratory tract, he regards it as "analogous to *terebene*, *kali bich.*, *tartar emetic*, *senega* and *squills*, at first producing dryness, which is speedily followed by profuse pouring out of mucus." He further says, that "it is distinguished from all similar drugs by the markedly spasmodic nature of its cough. Whether loose or dry this nervous element is always at the front." This, we may note, is a clinical inference, not one derived from a study of its pathogenesis.

In applying this slight amount of pathogenetic information, Dr. Laird tested *naphthalin* in hay asthma. During last summer, he treated eighteen cases with it alone, and with the most satisfactory results. He narrates the particulars of two. One, an especially severe one, had suffered annually for nineteen years. "On the 1st of August of this year," writes Dr. Laird, "I began giving one tablet of the 2x trituration three times a day, to test its powers as a prophylactic. August 14th passed without any sign of hay fever for the first time in nineteen years. I seem to hear the sceptical suggest, 'He wouldn't have had it any way.' So the patient began to think. He therefore stopped using the drug for a week, and on came his hay fever. On resuming the remedy the symptoms at once subsided."

He then points out that it is necessary to continue the use of the remedy during the whole of the time the disease generally lasts.

In another case, where the patient had been subject to hay asthma for fourteen years, *naphthalin* 2x was prescribed, and "in twenty-four hours he was free from his trouble."

Dr. Laird has found *naphthalin* "of much service in the bronchitis of old people characterised by the markedly spasmodic nature of the cough, which is mostly attended by rattling in the upper bronchial tubes with difficult or absent respiration." Here, too, he gives it in the 2x trituration.

In whooping cough, he endorses Dr. E. M. Hale's indication for it "when the cough is attended by catarrhal or asthmatic symptoms."

In gleet, Dr. Laird has found it very useful.

In ammoniacal decomposition of urine, in cases of paralysis of the bladder, chronic cystitis, &c., the antiseptic properties

of the drug may be put to good use. Of its value here, Dr. Laird had seen one instance in the person of a case of multiple cerebro-spinal sclerosis.

### THE CYANIDE OF MERCURY IN DIPHTHERIA.

THE knowledge of the value of the *cyanide of mercury* as a remedy in diphtheria is a pure induction from the therapeutic rule *similia similibus curentur*. The late Dr. Huber, of Vienna, in an elaborate essay on mercurials, published some years ago and translated in *The North American Journal of Homœopathy*, 1881, *et seq.*, thus describes the pathogenetic effects of the drug:—

“The mucous arch of the pharynx is red and vascular. Upon the arch of the palate and tonsils there has formed a grayish white, soft, superficial layer; at the same time there is a diphtheritic ulcer in the mouth and another around the anus. In addition to these pathological changes, the entire mucous membrane of the fauces is much reddened, together with dysphagia. Swallowing is very difficult. Scratching in the pharynx, which is red and vascular. General weakness, which soon increases to actual faintness, so that he remained for a certain length of time in a state of unconsciousness. The night was spent in sleeplessness; he was much excited, and talked incessantly in his rage; the next night was also spent in this way; the patient awoke with violent headache, nausea, increased thirst, much redness of the fauces, and with dysphagia. With headache and vertigo there is nose bleeding; the face is pale, livid, and distorted. Nausea soon followed by vomiting. Retention of urine for five days. The urine collected on the seventh was of acid reaction; microscopic examination revealed straight and twisted urinary tubules, studded with fine granular detritus, no blood corpuscles; chemical analysis showed much albumen.”

It was from observing a case of poisoning similar in its consequences to that related by Dr. Huber, that Dr. Beck, of Monthey, in France in 1864, was led to the conclusion that the *cyanide of mercury* was homœopathic to and therefore curative of diphtheria. This observation was put into practice very extensively by Dr. von Villers at St. Petersburg, and with very great success. From that time (1868) onwards evidence of its power over this very fatal form of disease has been accumulating. It is now used to some extent by those who deny the validity of the principle which led to its discovery, and by them it seems its efficacy is attributed to its assumed microbicidal properties. Possibly, all medicines which act homœopathically are microbicides. At any rate medicine so selected cures

disease, and if microbes are part of a disease they necessarily die out with it.

The latest testimony to the value of the *cyanide* here is given in *The Lancet* of the 24th ult., and is as follows :—

“ Dr. H. Selldén, a Swedish provincial medical officer, considers that he is warranted by the results obtained both by himself and numerous colleagues in the treatment of diphtheria by *cyanide of mercury* in looking upon this drug almost as a specific. During the four years 1879-1882 the official returns of the sickness in the district of Norberg show that 564 persons were attacked by diphtheria, of whom 528 died, a mortality of 92.7 per cent., none of these being treated by *cyanide of mercury*. During the years 1883-1886, 160 persons suffered from the disease, and of this number 29 died; 132 of these 160 cases had been treated by *cyanide of mercury*, and of these 132 only one died. Is it possible, asks Dr. Selldén, that this startling difference in the mortality can have been due either to accident or to mistaken diagnosis? On the latter point he assures us that all the 132 cases were well marked with distinct pseudo membrane, swelling of the glands, extremely foul breath, and all the signs of diphtheria which were present in the other and more fatal group of cases. Up to the commencement of the present year Dr. Selldén has treated more than 200 cases of diphtheria with *cyanide of mercury*, and of these only four have died, three of whom were seen by him too late for much good to be expected from any treatment. He and his colleagues have altogether treated more than 1,400 cases in this way, with a total mortality of 69, or about 4.9 per cent. When friends ask him if he does not feel afraid to prescribe so “heroic” a drug for children, he always replies that he would be much more afraid to employ so toxic an agent as *chlorate of potash*, or to treat cases expectantly. As to the mode in which the *cyanide* acts, he suggests that by giving oft-repeated small doses the body becomes rapidly so impregnated with *mercury* that the diphtheria bacilli are unable to move upon it; indeed, he believes that by means of such doses one might allow oneself to be inoculated with diphtheria bacilli with impunity. The formula he recommends is as follows: *Cyanide of mercury*, two centigrammes; tincture of *aconite*, two grammes; honey, fifty grammes; mix, and give a teaspoonful every fifteen, thirty, or sixty minutes, according to the patient's age. No brushing of the throat is practised. A gargle is prescribed to be used every fifteen minutes, composed of *cyanide of mercury* in peppermint water, in the proportion of 1 to 10,000. Occasionally, where the *cyanide of mercury* has not appeared to act

as quickly as usual, recourse has been had to the *biniodide*, with satisfactory results."

The success which Dr. Selldén obtained with tolerably material doses shows that there is not that absolute necessity for giving the medicine in a high dilution that Dr. von Villers seemed to regard as one of the lessons of his experience.

### CAN ACUTE AND SEVERE PERITONITIS OCCUR WITH SCARCELY ANY ELEVATION OF TEMPERATURE.

THE *Medical Press and Circular* of the 8th ult. contains the report of a case of acute and rapidly fatal peritonitis with but a slight rise in temperature, reported by Dr. Rabagliati of Bradford, who saw the patient in consultation with Dr. Dobie of Keighley. The patient, a delicate child of 5 years of age, was taken ill after a simple dinner on the 28rd of November. Vomiting and epigastric pain with no alteration of temperature were the prominent symptoms. Death occurred on the 27th. During the illness the temperature was never higher than 99° F., and that only once on the day previous to death. The post mortem examination revealed extensive deposits of flaky lymph glueing the intestines together, and an abundant thin greyichorous pus flowing freely among the coils of the intestines. In some comments upon the case, Dr. Rabagliati in discussing the question raised at the consultation by Dr. Dobie—"Can there be acute and rapidly progressive peritonitis with little or no elevation of temperature?"—says, "I will sum up the symptoms and signs as a guide for future difficulties. The totality of these justify the statement that a moist furred tongue, with vomiting, with rapid pulse and increased rapidity of breathing, without any special amount of pain or increase of dulness to any great extent (at least before effusion occurs and not very marked even after effusion) are compatible with extensive and violent peritonitis even in the absence of any increase of temperature, or at least without any increase at all proportionate to the gravity of the other signs. Also that dark green vomiting is one of the important signs of inflammation of the duodenum." Dr. Rabagliati thinks that what evidence he could collect pointed with more than suspicion to the septic origin of the illness.

### VARIOUS USES OF BORAX.

IN all cases of death borax is most useful; the body may be kept perfectly sweet by merely dusting into the ears, nose, mouth under the armpits, feet, etc., or when any moisture

exudes. It will preserve the features and skin as fresh as in life for many weeks, and keeps the body free from decomposition for a long time. In all cases of fever or infectious diseases, borax may also be freely used with great advantage; the dry powder should be dusted over the floor, carpets, mats, etc. (it will not injure the finest fabrics), and by placing it in dishes with hot water added it will quickly remove all bad smells.—*Burgoyne & Co's. Monthly Journal of Pharmacy.*

### THE CANARY ISLANDS.

THE writer of a letter who has recently gone to the Canary Islands, informs us that while the sea and seashore are very beautiful, the sojourn there is not without its drawbacks. The African mail boat, for example, with accommodation for about twenty passengers, took out no less than forty-two! The landing, too, is very difficult. The passengers were slung over the side of the ship into a boat by the crane. Then they were rowed for a quarter of an hour to the shore, and after that had a five mile drive to the hotel. The idea that phthisis is contagious appears to prevail among the Spanish servants, for none, we are informed, will wait upon consumptive patients! Hence the invalids are dependent upon friends for all the waiting and attention they require. There are no walks, and the carts—miscalled carriages—are of a kind calculated to shake an invalid, going over the round stones with which the roads are paved, beyond all endurance; so that drives are impossible. Diarrhoea and dysentery appear to be very general, especially among new arrivals. Typhoid, too, is far from uncommon. These ailments occur more frequently among visitors occupying villas than those staying at the hotel.

At the same time the climate is described as “lovely.” During the latter end of January the thermometer in our correspondent's bedroom stood at 65° F., rising to 68° F. during the heat of the day, while in the sun it was 110° F.

### CONTRIBUTIONS TO HOMŒOPATHY.

WITHIN a year or two the homœopaths of this city have secured, it is said, considerably over one hundred thousand dollars for their College and Hospital here. By a fair (*anglice* Bazaar) which is now going on, it is expected that \$100,000 will be realised.—*The New York Medical Record*, April 7.

### HOMŒOPATHY IN NEW YORK.

It has been related that certain physicians in this city have habitually made from forty to sixty visits daily; but enquiry has shown that the story is false, or the physicians have been homœopaths.—*New York Medical Record*, March 31.

## THE LOVES OF THE BACILLI.

## A PHYSIOLOGICAL IDYLL.

(The *Comma Bacillus* is, according to Koch, the germ of cholera.)

Quoth Bacillus to Bacilla

(Surely everything has sex):

It is quite enough to fill a

Soul with pride, to see the necks

Of these mighty men of Science

O'er the microscope bent low,

While beneath them in defiance

Spins the merry Vibrio.

Proud am I to think, my Comma,

While the world rolls on its way,

Every fell disease springs from a

Fairy filament, they say.

Autocrats that tower Titanic

Have been known to bow to me;

Mighty potentates in panic

Disinfect at thought of thee!

Rash would he be who should presage

That no germs behind us are;

We are part of that great message

That outrings 'twixt earth and star.

What by thousands or by tens is

Multiplied, in vain they show:

Something lies beyond his lenses

Mortal man may never know!

We are greater, my Bacilla,

Than all monarchs; for meseems

We need but exist to fill a

Strong man's brain with fever-dreams.

Such the thought my passion kindles,

O my microscopic bride:

Kiss me! although twenty Tyndalls

Have their eyes upon the slide!

H. S. C.

—*St. James's Gazette.*

## OBITUARY.

## ADOLPH ZUR LIPPE, M.D.

THE death of this well-known physician and homœopathic controversialist took place at his residence, Philadelphia, on the 28rd of January. ADOLPH, Graf zur LIPPE-WEISSENFELD, was the eldest son of Count Ludwig zur Lippe, and was born on the family estate of Seé, near Göerlitz, in Prussia, in 1812.



He studied in Berlin with the view of entering the legal profession. Becoming, while at the university, as we have heard, mixed up with some of the political disturbances of the time, it was found desirable for him to remove from Prussia. He accordingly emigrated to the U. S. of America, and arrived at Philadelphia in 1837. His tastes being more medical than legal, and having a strong *penchant* for homœopathy, he commenced the study of medicine under the guidance of Dr. Constantine Hering, and took the degree of M.D. at the Allentown Homœopathic Medical College in 1841.

After practising for six or seven years in some of the rural districts of Pennsylvania he removed to Philadelphia, and there, for upwards of 40 years he has had an extensive practice. That he has laboured hard during all these years to promote a diffusion of homœopathy, as *he* understood it, is unquestionable. That had it been possible for him to tolerate criticism, or to admit that others could honestly entertain opinions differing from his own, he would have done infinitely more good than he has done is certain. An intense dogmatist, utterly intolerant of opposition, regarding Hahnemann's writings as the embodiment of all that is true or worth knowing in the science and art of medicine, and his interpretation of these writings as the only correct one, Dr. Lippe's influence, instead of being usefully exercised throughout the profession, was narrowed to shaping the careers and views of a small body of physicians attracted by his intense enthusiasm and spell-bound by his great force of character. His most useful public work was his *Text-Book of Materia Medica*, one which, though little known on this side of the Atlantic, has been much appreciated in his adopted country. To him we also owe the establishment of *The Hahnemannian Monthly*, one of the best of medical journals, though many years have passed away since he had any connection with it. He also joined Dr. Wells, of Brooklyn, Dr. Skinner and Dr. Berridge in editing the Anglo-American journal called *The Organon*, and in later years he set afloat *The Homœopathic Physician*, which we believe still flourishes as the representative of the extreme views held by him in everything regarding practical medicine. To *The Medical Advance*, *The Homœopathic Physician*, and other journals Dr. Lippe was a copious contributor.

That he was a highly popular physician his extensive *clientèle* assures us, and that he was warmly esteemed by those members of his profession whose views in medicine were identical with his own is testified to by the resolutions passed at a special meeting of the Hahnemannian Association of Pennsylvania, held the day after his death, the concluding one of which runs as follows: "That his ever courteous manner

and constant readiness to assist his professional brethren by his wise counsels have endeared him to his colleagues, and will cause the name of Adolph Lippe to be long held in affectionate remembrance."

### LÉON XAVIER GAUDY, M.D.

ON the 27th of December, 1887, our Belgian colleagues lost in the person of Dr. LÉON GAUDY, of Brussels, one of the most eminent, as he was also one of the most beloved of their body.

Placed on leaving the Primary Schools in some commercial pursuit, his ambition to enter the medical profession prompted him to abandon it, and by additional study to qualify himself for admission to the University. Here he distinguished himself as a student. After graduating he received an appointment in the medical department of the army. While on service he met with the late Dr. Mouremans, the apostle of homœopathy in Belgium. By him, Gaudy was induced to study the method of Hahnemann, and greatly and earnestly did the pupil afterwards assist the master in making homœopathy known and appreciated in the country by establishing dispensaries at Arlon, Namur and other places.

Gaudy was distinguished among his *confrères* as an accurate diagnostician, and by his thorough knowledge of the *Materia Medica*; while his honesty, the rectitude of his judgment, and his habitual frankness endeared him alike to his friends and his patients.

He died at the comparatively early age of 54, after a long illness, attended with much suffering.

Eloquent tributes to his memory were paid at his grave side by Dr. Moreau and M. Emile Seutin, of Brussels, surrounded by his sorrowing relatives, professional colleagues, patients and friends.

### CORRESPONDENCE.

#### THE MEDICAL REFORM UNION.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—You invite comment and criticism on the new association with the above title—I presume from non-members of the Union, as those who have already joined it could hardly be expected to criticise or comment on it. With your leave, then, I will make a few criticisms and comments on the scheme. You will no doubt credit me with a wish to encourage every movement that seems to promise to promote the interests of homœopathy and its practitioners, and it is a conviction that this new society will not act in that direction that leads me to answer your invitation.

And first, in regard to the principles which are set forth in seven articles. No. 1 ascribes to Hahnemann's followers and disciples the intention to do what has already been done by Hahnemann, to whom alone is due the credit of having already placed therapeutics on a basis independent of theories of disease or drug-action. This article, then, would seem to detract from Hahnemann's singular merit as the founder of therapeutics on a non-theoretical basis, and must necessarily offend those who are jealous of the master's fame, besides giving an opportunity to the enemy to blaspheme and to taunt us with unverity in our hitherto contention that Hahnemann had set therapeutics on this true basis. Any way, this article will undoubtedly give rise to strife, opposition and contention both within and without our ranks.

No. 2 explains how this desirable object is to be effected, and would seem to claim for the members of the Union a chief share in the proving of medicines and the collection of records of poisoning whereby our *Materia Medica* has been formed. Now, as I am not aware that any of the members of the Union have hitherto distinguished themselves by proving medicines, I must look on this article as a sort of promise that they are going to begin to do this useful and necessary work; but perhaps some of us might think it would have been as well to wait until at least an appreciable quantity of the work had been done before seeming to claim credit for it. This article, too, you observe, contains contentious matter.

No. 3 recognises "the advantage of employing all means of research and all existing pathological knowledge to aid them in interpreting the results of their observations." I believe a considerable number of Hahnemann's followers, among whom I include myself, are very doubtful as to the advantages of many of the means and methods of research at present in vogue, and we should require some clearer definition of what is understood by "pathological knowledge" in this connexion. Is it pathology, much of which is mere speculation as regards the proximate cause of morbid phenomena, and more likely false than true, or is it "pathological anatomy," the structural changes, observed *post mortem*, caused by diseases? an interesting study no doubt, but not of much use to the practitioner. The contentious character of this article is obvious.

No. 4 is merely an expansion or long-drawing out of the expression "homœopathic principle," of No. 1. By-the-way, homœopathic *rule* would be more correct than homœopathic *principle*, for *similia similibus curentur* is not a principle but a therapeutic rule.

No. 5 may be called a platitude, but even here contentious matter, in the allusion to "aggravation," is introduced.

No. 6 looks like a simple exposition of one of the ordinary rules of homœopathic treatment, but it is occasionally violated by some thorough good homœopaths, and I could point to more than one member of the Union who has recommended and employed combinations of drugs which have only been proved singly. So that this seemingly innocent article might eventually raise an acrimonious discussion.

No. 7 does "not exclude from their study or practice any method by which disease may be prevented, or which may assist the natural powers towards recovery." This is most mysterious. What does "any method" mean here? The only methods of preventing disease—if we except the doubtful prophylactic power of *belladonna* in scarlatina, and the still more doubtful homœopathic prophylactics of cholera—are vaccination for preventing small-pox, and sanitation and quarantine, or isolation, for preventing zymotic and infectious diseases—for Pasteur's inoculations for hydrophobia and Ferran's inoculations for cholera are still *sub judice*, if not completely discredited. As regards methods to "assist the natural powers towards recovery," most homœopathists would not admit that there are any medicinal methods except remedies selected according to their therapeutic rule. If merely hygienic and dietetic methods are meant, it would have been as well to say so, for otherwise the expression might be interpreted to imply that there are other medicinal methods which are more suitable for the cure of diseases than the homœopathic, which no true homœopath would allow. In short, the phraseology of this article is so obscure that it may be variously interpreted by friends and foes and give rise to endless discussion.

Were it desirable to formulate a statement of principles, in other words, articles of faith, to be subscribed by practitioners of homœopathy, which I hold it is not, these principles or articles should be precise and unmistakable. Vagueness and indefiniteness, such as the "principles" of this new society present, render such an "official statement" useless if not mischievous if it is intended to give to non-homœopaths an idea of what homœopathic practice is, and these qualities can only create misunderstandings and contentions in the bosom of the society itself.

I observe that most of the members of this new Union are already members of the British Homœopathic Society, and I would earnestly ask them if all the desirable objects of the Union could not be perfectly well carried out by the older society? The British Homœopathic Society has an old and

well-earned reputation ; it comprises almost all the chief workers for homœopathy in the kingdom, it has already done much useful work, and has liberally assisted by its funds in the publication of standard homœopathic works ; it has a local habitation and regular meetings at which many excellent papers have been read, it has a periodical organ in which its transactions are published, it is always happy to receive suggestions from and to second the efforts of its members for schemes for the improvement and development of homœopathy, and it is not hampered in its perfect freedom of action by any "official statement of principles." What can this Union do more than the British Homœopathic Society has done and is willing and anxious to do ?

One chief object of the new society was formerly stated to be the publication of an official list of the practitioners of homœopathy which should take the place of the directories at present published by the chemists. But it is obvious that they could only officially publish a list of their own members, and unless these members included all the practitioners of homœopathy in the country—which seems very unlikely—their official list would be very inferior in completeness to the lists already published. In these new articles the scheme of an official list has dropped out of sight, so I presume it has been abandoned.

Of what use, then, is this new society ? I think I have shown that its "official statement of principle" is open to serious objections. Indeed, I believe it to be impossible to frame a series of articles of belief that would obtain the general assent of the homœopathic body, and I think the attempt to do so is mischievous, and makes for disunion rather than union. It is quite enough that we should give in our adhesion to the homœopathic therapeutic rule as the guide for the selection of remedies. Under this banner we may freely and amicably discuss all contingent and secondary matters. But if we subscribe to a cut and dry set of articles, as the Union proposes, we materially hamper our liberty of action and become mere sectarians.

I would entreat the members of the British Homœopathic Society who have joined, or who intend to join, this new association, to consider whether they will not by so doing damage the older society, which has for so many years done such yeoman's service for the external and internal development of homœopathy, and will, if well supported by its members, continue its useful career for many years to come. In our small body one society where the efforts of all are united, will be far more effective for the promotion of all professional objects than if our forces are divided among two inevitably rival and conflicting bodies.

It may be said that I have lent my aid to establish another society, "The Homœopathic League." That is true, but there is no rivalry here with the British Homœopathic Society or with this new Union. The object of the League is to be a propaganda of homœopathy among the people. Its members are not confined to the medical profession, indeed the lay element greatly preponderates, and its publications are popular not professional. It is curious that the original name of the League was the same as that now adopted by this new society, viz., "Medical Reform Union" or "Association," I forget which. The Homœopathic League can never interfere or clash with a professional society, as it moves on quite different lines. It has already proved of incalculable service, for without the aid of its publications the victory at the Margaret Street Infirmary and the crushing letters of Lord Grimthorpe in the famous *Times* correspondence would hardly have been possible.

Your obedient servant,

R. E. DUDGEON.

[It is to be regretted that Dr. Dudgeon did not, as, together with all other homœopathic practitioners, he was requested by circular to do, submit his criticisms on the *Statement of Principles* to the Council of the Medical Reform Union appointed to revise them. That such criticisms would have met with the fullest consideration from the Council we need not say.

Dr. Dudgeon sees, in the first paragraph of this statement, some detraction from Hahnemann's "singular merit as the founder of therapeutics on a non-theoretical basis." We venture to think that such an idea will have occurred to few besides himself. This paragraph is simply a statement of the therapeutic objects of all homœopathic physicians, from Hahnemann down to those at present in practice.

2nd. This paragraph does not, as Dr. Dudgeon supposes, explain how the object of the first "is to be effected"—but how it *has been*, is being, and will be effected. It does not refer to the members of the Medical Reform Union merely, but to "those physicians who, by reason of study and experience, have accepted the homœopathic principle in therapeutics."

3rd. The spirit of this paragraph, which Dr. Dudgeon objects to as "contentious," has been accepted, and is being acted upon by the Editors and Committees of *The Cyclopædia of Drug Pathogenesis*. To expect absolute uniformity of opinion regarding every proposed means of research is of course not contemplated; but to the spirit of this paragraph, "Prove all things and hold fast that which is good," Dr. Dudgeon would not, we think, object.



7th. How Dr. Dudgeon contrives to find anything mysterious in the sentence, "any method by which disease may be prevented or which may assist the natural powers towards recovery," we cannot comprehend. This phrase clearly refers to such prophylaxis as vaccination, to climatology, and to hygiene generally, and to the varied applications of water, electricity, massage, &c. By some of these methods "disease may be prevented," while others may "assist the natural powers towards recovery." It gives no hint of referring, however distantly, to "medicinal methods."

The Medical Reform Union can no more interfere with the operations of the British Homœopathic Society than can the Homœopathic League. The object of the British Homœopathic Society is primarily the cultivation of therapeutics from the homœopathic standpoint, and secondarily the fulfilling the functions of a medical society for those members of the profession who are, by reason of their practising homœopathy, excluded from other medical societies. The object of the Medical Reform Union is to constitute a centre whence a knowledge of homœopathy may be propagated among the profession, just as the Homœopathic League is a centre whence an appreciation of homœopathy may be propagated among the general public. The grand aim of each society is the extension of a knowledge of homœopathy; each goes to work on different lines, and there is ample scope for all three to do useful work for the common good.

The character of the replies given to the circulars issued by Dr. Percy Wilde some months ago, shows that Dr. Dudgeon is mistaken in supposing that it is impossible to put in a short and concise manner the therapeutic views held by homœopaths, so as to obtain the general assent of the homœopathic body.

We acknowledge, as fully as Dr. Dudgeon can do, the valuable services that the British Homœopathic Society has rendered and is capable of rendering to therapeutics; we admit most thankfully the valuable aid that the Homœopathic League has provided in drawing public attention to homœopathy, but, at the same time, we are none the less assured that we have at present no organisation designed especially to influence the minds of those members of the profession who have not already acknowledged the truths of homœopathy. To carry out such an object Dr. Dudgeon possibly thinks hopeless. Here we differ from him, and trust that the Medical Reform Union will be found to have an useful influence in this direction.

That its purpose may be frustrated by opposition and "contentious" criticism, we know full well—the history of homœopathy in this country can provide several examples



showing that this is possible. But that, if properly and assiduously worked, it may and will do good there is, we believe, sufficient reason to expect. That it will interfere, in any way whatever, with the British Homœopathic Society or the Homœopathic League we do not believe to be possible.—Eds. M. H. R.]

## NOTICES TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

Major VAUGHAN MORGAN asks us to acknowledge the receipt of a contribution of £2 2s. 0d. from Mr. S. Sugden towards the Millican Defence Fund, and one of £5 0s. 0d. from Mr. Herbert Phillips, per Dr. Clarke, for the London Homœopathic Hospital.

Dr. NEILD, in drawing our attention to a reference to Dr. Seelenmeyer in our notice last month of the Melbourne Hospital, informs us that Dr. S. stood to him in the relation of a junior partner, not in that of an assistant.

Mr. CYRUS A. CLIFTON has removed to Taunton.

Communications, &c., have been received from Mr. CAMERON, Dr. DUDGEON, Dr. J. G. BLACKLEY, Dr. WYLD, Dr. ROTH, Mr. MILLICAN, Dr. CLARKE, Dr. E. A. NEATBY, Mr. CROSS (London); Dr. HUGHES (Brighton); Dr. BLACKLEY (Manchester); Dr. HAWKES (Ramsgate); Dr. NICHOLSON (Clifton); Dr. GUINNESS (Oxford); Dr. BARTLETT (Philadelphia), &c.

## BOOKS RECEIVED.

*Salient Materia Medica and Therapeutics.* By C. L. Cleveland, A.M., M.D. Philadelphia: Boericke & Tafel. 1888.—*The Homœopathic World.* April. London.—*The Hospital Gazette and Student's Journal.* April. London.—*The Philanthropist.* April. London.—*The Chemist and Druggist.* April. London.—*Seventeenth Annual Report of the State Homœopathic Asylum for the Insane, Middletown, New York.*—*The North American Journal of Homœopathy.* March and April. New York.—*The New York Medical Times.* April.—*The American Homœopathist.* March. New York.—*The Medical Record.* March and April. New York.—*The Chironian.* March. New York.—*The New England Medical Gazette.* April. Boston.—*The Hahnemannian Monthly.* February and March. Philadelphia.—*The Homœopathic Recorder.* March. Philadelphia.—*The Clinique.* March. Chicago.—*The Medical Advance.* March. Chicago.—*The Minnesota Medical Monthly.* March. Minneapolis.—*The Medical Counselor.* March. Ann Arbor. Michigan.—*The Hahnemann Hospital College, San Francisco, Fifth Annual Announcement.*—*Bibliothèque Homœopathique.* November, 1887. Paris.—*Bulletin de la Soc. Med. Hom. de France.* March.—*Revue Homœopathique Belge.* January. Brussels.—*Allgemeine Hom. Zeitung.* April. Leipsic.—*Leipziger Populäre Zeitschrift für Homöopathie.* April.—*Zeitschrift für Homöopathische Thierheilkunde.* April. Leipsic.—*El Criterio Medico.* March. Madrid.—*Rivista Omiopatica.* March. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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BRITISH HOMŒOPATHIC SOCIETY.

A CLINICAL EVENING.\*

*Alibert's Keloid.*

DR. E. A. NEATBY showed a case of Alibert's keloid, situated between the two mammæ, in a woman of about 46 years of age. It had begun some eight years ago from a pimple which she had scratched. She had been treated for some time in the out-patient department of the hospital, the chief remedy being *silicea* in varying attenuation. Under this remedy she had lost the sensations of burning, pricking and irritation accompanying the growth, which itself had become less prominent and paler.

Dr. CLARKE reported a case of keloid that had come under his care. The patient was a young woman in whom it had occurred in the scar made by the removal of a tumour at St. Bartholomew's hospital. The keloid was removed once or twice but recurred. Dr. Clarke prescribed *silica*, which was taken persistently for a few months, the result being a complete cure.

Dr. GOLDSBROUGH had seen this form of growth develop in the scars left by an eruption of *herpes facialis*. The patient suffered greatly from neuralgia.

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\* May 3rd, 1888.

*Mollusca Fibrosa.*

Dr. NEATBY also brought before the Society a case of small multiple mollusca fibrosa in a man aged 37, said to be congenital. They occurred in large numbers on the front and back of the chest, and gave the patient no inconvenience. The small wart-like tumours were all pedunculated, and may be described in the words of Hebra\*, who says: "The smaller tumours are so soft that they may be squeezed flat between the fingers, and seem like empty pouch-like protrusions of the skin."

Dr. WATSON referred to a case of melanosis that had come under his care, in which a considerable number of small scattered tumours of this character had occurred, but were not congenital. Neuralgia, however, was present in this as in Dr. Neatby's case.

Dr. J. G. BLACKLEY said that as there appeared to be some doubt as to the exact character of these growths, a careful microscopic examination should be made of one of them.

*Myxoma.*

Dr. NEATBY also exhibited a small myxomatous tumour, removed from 2 in. below the margin of head of tibia, on the inner side, in a woman æt. 47. It had been present five years, and gave her much pain, especially in bending the knee and in kneeling. The lump before excision was hard, adherent to the skin, slightly lobulated, well defined, and semi-fluctuating. The patient stated that it had migrated from higher up and nearer the middle line. After removal it was seen to consist of lobules of a colourless, translucent jelly-like substance, resembling the section of an unripe pomegranate. It contained a small central portion breaking down. It was thought not impossible that the tumour consisted of fatty tissue having undergone mucous degeneration. The wound was dressed with *calendula* and healed without pain or supuration.

*Pemphigus.*

Dr. ROBERSON DAY exhibited two cases of pemphigus, occurring in a mother and her son.

The boy, Edwin L, æt. 8½, showed an abundant eruption freely scattered over the face, trunk and limbs. It appeared the second day after birth, and has since appeared on and off in every part of the body. Especially

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\* *Dis. of Skin. New Syd. Soc. Trans.*, vol. iii., p. 330.

marked has it been on the hands and feet, in the groins and axillæ, on the scalp, the mucous membrane of the tongue, and of the cheek.

The medicines given have been *rhus*, *hepar sulphuris* and *arsenic*. These have temporarily appeared to cure it.

The mother was also similarly affected from birth, but as she has increased in years the disease has gradually become less severe; still at times large bullæ appear. She has one other child, a girl of about 15, who is quite free from any eruption. There is no distinct specific history, or any other syphilitic manifestation.

Dr. COOPER said that he had seen a similar eruption in the ears of children in Ireland, and had cured it with an ointment of *scrofularia nodosa*, the ordinary figwort. It was a condition very well known in Dublin, and one that had been described by Sir William Wilde. The *scrofularia nodosa* was very useful in bullæ surrounded by an inflamed ring.

The question of specificity in the cases before the Society having been discussed,

Dr. J. G. BLACKLEY said that he had enquired of the mother and had learned from her that her father was an unsteady man, so that probably there was a syphilitic taint at the bottom of both cases. He had seen many similar cases among children, and had found that all were traceable to hereditary syphilis.

Dr. OGDEN JONES mentioned a case which he had seen at the copper mines of Lake Superior. Here there was no specific taint, and he attributed the eruption to a bad dietary.

Dr. POPE said that he had seen, if not pemphigus, a distinct pemphigoid eruption occur in the person of a lady in the second stage of disseminated spinal sclerosis. A flat but still distinctly raised bulla appeared on the centre of the calf of the right leg, surrounded by a bright red ring. This had existed for several days before he saw it, and was ruptured at one part of the margin, disclosing an ulcerated surface. This he dressed with *iodoform*, and a scab formed, which was gradually becoming detached. A few days afterwards a group of four or five bullæ appeared on the outer side of the ankle joint. Seeing these on their first eruption, their appearance and the intensely burning pain complained of—it was described as like a lucifer match—he gave *cantharis* 8x at short intervals. The pain subsided and the bullæ disappeared without rupture. Since then one large bulla appeared on the great toe of the same side. This, too, was intensely painful, the pain being similar in character. Here, some additional symptoms

suggested *phosphorus*, and this, too, subsided without rupture. The appearance of such an eruption in the course of spinal sclerosis was a matter of some interest, and the rapidity with this development of it was checked by *cantharis* and *phosphorus* was not only interesting, but satisfactory. The patient had been ill for eight of nine years, and had lost ground considerably during the past year.

Dr. BREMNER (Leicester) said that six weeks ago he had had an opportunity of watching a case of pemphigus in an infant through all its stages. It began on the fourth day after birth and terminated by death in twelve days. The history of the parents led him to the conclusion that it was syphilitic.

Dr. GOLDSBROUGH said that it would be interesting to learn if there was any hope of doing good in these cases. For his part he thought that the *iodide of lime* ought to prove useful.

Dr. DUDGEON said it was a common thing to see slight attacks of pemphigus on fingers and toes; but he had once had under his care the worst case he had ever seen. The patient was a young man. He was covered with blisters, which caused sores that afterwards became covered with thick crusts, like rupia. No medicine did any good. The only thing that alleviated was wrapping him in oiled cloths, as everything that was dry stuck to him and gave him great suffering. He died worn out by the disease.

Dr. COOPER had had a case in the person of a gipsy precisely similar to that described by Dr. Dudgeon. In him there was a strongly marked specific history. No medicine was of any service.

Dr. MURRAY mentioned a case in which *rhus* had proved perfectly efficient in curing the patient.

The PRESIDENT referred to a case of general pemphigus, which he had reported to the Society some years ago, that arose from exposure to arsenical wall paper. Here the medicine which seemed to be the most useful was *tartar emetic*. A fresh exposure to the same poisonous influence brought on another attack, during which the patient apparently took cold, which resulted in a pneumonia that proved fatal.

#### *Cerebellar Meningitis.*

Dr. ROBERSON DAY then showed a child two years of age, Edwin T., who presented a peculiar staggering gait, especially well marked when he turned round quickly. The history of the case was as follows:—In June, 1887, he had whooping cough, during which he suffered severely from convulsions. While these were occurring he nearly died, but with the help chiefly of *ignatia* 12

he gradually recovered. After several weeks in the country he returned, but could not walk from weakness of his legs, but there was no wasting in the muscles, and knee jerk was present on both sides. He gradually regained the power of walking, but there still remains this peculiar unsteady staggering gait, which, however, is rapidly disappearing. This Dr. Day regarded as one of those very rare cases of simple meningitis, followed by recovery. Probably the meninges of the base of the brain, especially round the cerebellum, had suffered from inflammatory deposit, which was being gradually absorbed.

Dr. ROTH said he had seen a similar case that morning. He would recommend massage. He would place the child on its stomach and make it bring the limbs into action without the weight of the body. Thereby he would work on the muscles of the neck. In addition he would use warm water, and then alternately hot and cold water to improve nutrition, for the child was anæmic.

Dr. BLAKE, was of opinion that this case was purely one of innutrition. He thought there was perhaps sudden blocking of a bronchia.

Dr. DAY said that was not the case.

#### *Nævus cured by Electrolysis.*

Dr. ROBERSON DAY then showed to the Society a patient (Mrs. B., æt. 25) who had had a nævus at the root of her nose which was completely cured by electrolysis. The nævus was about the size of a pea and very disfiguring. The only thing which marks its previous situation now is a slight rusty stain produced from the oxidation of the steel needle used during electrolysis.

Dr. BLACKLEY said he had pointed out the disadvantages of steel needles in tearing the skin, as in this case. He thought it better to use several needles at once.

Dr. ROTH mentioned a case in which with dilute *nitric acid* he had cured a case when applied after scraping the surface.

Dr. DUDGEON said that, on one occasion, he vaccinated a young lady on a nævus on her thigh, and cured it.

Dr. NEATBY asked if there was any history of recurrence after electrolysis. In one case he had there was a return. He also asked if there was any experience with drugs. He had tried with negative results.

The PRESIDENT had seen some nævi disappear under *thuja* and *phos.* (Dr. CLIFTON: Hear hear!), the only external appliance being painting with *collodion*.

*Hæmaturia of over two years standing.*

Dr. BYRES MOIR read the following notes of a case of hæmaturia. Chas. V. F., æt. 47. Father suffered from what patient says was stones in the kidney, and two sisters suffer from gravel. Of nervous temperament; clerk; says he owes a great deal of his ill-health to working in badly-ventilated offices with deficient sanitary arrangements, which increased the indigestion, from which he has always suffered more or less. Had pretty good health till February, 1866, when he was seized with acute pain in left loin and urine became bloody; consulted a doctor, who after examination of the bladder by sound, told him that he had stone in the kidney, but that there was nothing in the bladder. From May, 1886, to May, 1887, he attended the St. Peter's Hospital for Stone as an out-patient; he had no returns of the acute pain but there was no improvement of the hæmaturia, which came on every two or three weeks, but he noticed that the urine passed in the morning was always clear. He came under my care in May, 1887, he had not much pain then, sometimes a feeling of uneasiness in the left loin. The blood was always noticed after any exertion, even walking a short distance brought it on. He was put upon skim milk, vegetables and only a little meat allowed, and Turkish baths. In November, after sharp pain in left loin, he passed a calculus about the size of a small bean, which blocked the urethra for some hours; on the 18th he passed another small stone and about 20 or 30 small ones the size of hemp seed. He lost the pain in the side and I was in hopes that the blood would cease, but instead of that the attacks have become more frequent, and he is seldom more than two or three days without it, and is always worse after exercise. There is no pain or uneasiness about the bladder. The urine has a brown deposit under the microscope; uric acid, phosphates, and a few epithelial cells with blood corpuscles; no casts. *Terebinth* has to some extent controlled the bleeding but only slightly, and *Berberis* and *lycopodium* are the two chief remedies that have been used. This is a well marked case of the uric acid diathesis, and the important question in connection with it is whether the bleeding is due to a calculus in the left kidney or whether it could be caused by the irritation of the uric acid, of which he passed large quantities. His



general health has suffered very little, and as there is no pain, I do not think that any operation on the kidney is at present justifiable, but I shall be glad to have the opinion of members on the treatment they consider it would be most advantageous to pursue.

Dr. WATSON mentioned *eupatorium purpureum* as a medicine of importance in aiding in expulsion of uric acid from the kidneys.

Dr. DUDGEON spoke of a case he had seen in consultation with the late Dr. Bayes. The patient, a man of 40, was quite blanched. Dr. Dudgeon's prescription did no good, but he recovered upon taking the *sulpho-carbolate of lime*.

Dr. E. T. BLAKE had greatly altered his treatment of patients passing gouty sand or gravel. He did not try to prevent people from forming lithic acid, and greatly doubted the possibility of doing so in certain cases. Many people were infinitely better when they manufactured uric acid. He merely urged them to take steps to prevent the accumulation of acid in the system. Really active exercise, free use of diluents, attention to skin, to digestion. Meat was not the cause of lithic acid. The Scottish poor, who did not get meat, were very prone to lithæmia. He had recently been attending a fine, well-built Scottish military officer. He was in low spirits, in fact quite suicidal. On examining him he could find no flaw. Teeth were perfect; digestion good. He was always ill when he did not pass uric acid, and always felt better when he did. Dr. Blake noticed he did not empty his lungs. He, therefore, taught him to breathe properly. He had a little pain in the back. Dr. Blake gave him *actæa r.*, and told him to come back in a fortnight. He came back in a fortnight radiant. He *did not take the actæa*. He tried the breathing first. He was now perfectly well, though he had been ill three years. He passed a considerable amount of lithic acid at times.

Dr. BLACKLEY asked if Sir Wm. Roberts' plan—80 to 40 grains of *citrate of potash* three or four times a day—had been tried? It was often of great service in cleaning out the "gravel pit" which has been found to exist in such kidneys.

The PRESIDENT said he had found a drachm of *borocitrate of magnesia* in eight ounces of water, a tablespoonful two or three times a day, of great use in lithic acid, gravel, or calculus.

Dr. MARSH asked if an exclusively milk diet had been tried?

Dr. MOIR said he had had very little meat.

*A case of Abdominal Aneurism.*

Dr. MOIR, in introducing this case, referred to the original notes of it published by Dr. Torry Anderson in *The Annals* of the Society for 1884, p. 256. The patient was a bricklayer in the east end of London, and came under Dr. Anderson's care as an out-patient during the summer of 1882. With the exception of an attack of typhoid he had always enjoyed good health until he fell from a building in 1879. Though not much hurt at the time, he soon began to complain of pains in his chest and abdomen. Ultimately he was told that he was suffering from an aneurism, and advised to go into Guy's where he was for six weeks. He left improved in March, 1882. At the time he came under Dr. Anderson's care he complained of great breathlessness on the slightest exertion, with a strong beating in the pit of the stomach, accompanied by much pain in the abdominal region and limbs, and with severe and constant headache. He had lately been losing flesh rapidly, had very little appetite and was feeling generally very unwell.

Dulness extended from the ensiform cartilage half-way to the umbilicus, and over it was a strong pulsation with a loud bellows murmur. Dr. Anderson prescribed three grains of the third decimal trituration of *baryta carbonica* to be taken three times a day; ordered him to remain in bed as much as possible, and to take all the nourishing food that he could, and to leave off all stimulants.

Under this treatment he gradually improved. On the 19th of October there was very little pulsation to be felt, and the bruit was much fainter. On the 14th of December the bruit could only be heard on pressing the stethoscope rather firmly.

Since Dr. Anderson's death, this patient has been under my care, and has once or twice brought up a little blood. He has continued to take the *baryta* from time to time, and the conditions of the aneurism have not changed, though he has lately suffered from cough a great deal and has felt a little weaker.

*Nervous Deafness.*

Dr. COOPER showed two cases of nervous deafness. The first was one which was reported in the last number of *The Homœopathic Review* (p. 277). The condition was

almost symptomless. It arose from shock. The patient, a clergyman, had been under homœopathic treatment. Dr. Cooper gave *magnesia carbonica* 200. The first pilule was taken on Sunday morning; that had no effect. The next on Monday morning; the hearing began to come back. He had only had seven pilules altogether. The deafness after this fluctuated. With the left ear now he hears as well as ever. The right ear has been rendered permanently deaf by an injury in early life. He had been treated unsuccessfully by several practitioners before.

Dr. HARMAR SMITH asked if he had held out strong expectations of curing the patient.

Dr. COOPER said he had not.

Dr. CLARKE asked what relation *magnesia carb.* had to shock?

Dr. COOPER said it was a matter of experience. He arrived at the conclusion from reading the provings. It was remarkable that Schüssler used the *magnesia phos.* in nervous cases.

Dr. COOPER showed a severe case in a woman in which there was some vascular derangement. The woman had been deaf for ten years. She had headaches at vertex, after an attack of pleurisy five years before. Her deafness began five years before that. The history of deafness is earache. He was not sure of the history of shock. There had been some impairment of brain power. He gave *tannic acid* 12th and 30th. There was steady improvement. Dr. Cooper's use of that medicine arose from seeing its effects in some chronic cases. He had found it confine the bowels. *Tannic acid* has a strengthening effect on the nerves when given in high dilution. This patient has had no other medicine.

Dr. DYCE BROWN asked what were the other cases that led him up to it?

Dr. COOPER had noticed benefit from it. In some cases the patients said they had noticed that they felt better. Also he had a theory that it would be useful.

Dr. J. G. BLACKLEY asked if, in the cases to which he gave *tannic acid*, he allowed tea, coffee, and cocoa?

Dr. COOPER said: Certainly; it did not make any difference.

Dr. DYCE BROWN mentioned that *calcareo* and *natrum muriaticum* were given regardless of the quantity of chalk or salt taken in food and water.

*Ganglion—Recurring.*

Dr. WATSON read the full notes of a case of ganglion on the posterior surface of the right wrist of a dress-maker, 25 years of age, who had been in ill-health for six years previously.

The ganglion was punctured with grooved needles in three places, when a clear, pale, translucent fluid worked along the groove of the needles. It was then dressed with a compress of lint kept *in situ* with a band of plaister. A week afterwards there was only a thin flat surface with very little swelling. Within three months the ganglion commenced to form again, and in ten weeks was as large as it was originally. Warts now appeared on the fingers. These, under the influence of *thuja*  $\phi$  applied morning and evening, dried up in two or three weeks. After an injection of *iodine* (15 drops) into the ganglion, sloughing occurred, ultimately leaving an ulcer with healthy granulations. The ganglion had entirely disappeared. In about two months the sore was completely healed. Six months afterwards a fresh ganglion developed, about an inch below the site of the former one. *Iodine* was again injected, and a month later was somewhat smaller. Her general health was improving in the country.

*Ingrowing Toenail.*

Dr. WATSON gave the details of a case of this often intractable and painful disorder.

The patient was an unmarried lady, *æt.* 25. She had felt pain from incurvation of the nail of the left great toe for eighteen months. It had, just previously to Dr. Watson being consulted, considerably increased in size in consequence of a long walk (sixteen miles) while in a tour in Norway.

Improvement was well marked for about three months, when a tumour, resembling in size and appearance a small oak-apple, formed, projecting upwards and forwards from the matrix of the nail, apparently soft in the centre but encased in a thin horny or osseous covering, having a dull red colour, very painful when touched or pressed upon, but yet allowing the patient to walk or dance in a wide-toed boot with a hole cut in the centre of the upper. This growth, which resisted the persevering application of *nitric acid* (B. P.), and of

London paste, was completely cured by three dressings at intervals of a fortnight with the chloride of zinc paste.

*Pseudo-Hypertrophic Paralysis.*

DR. J. G. BLACKLEY showed a case of pseudo-hypertrophic paralysis.

E. A., æt. 11, was in good health until *four* years ago, when he had scarlatina. After convalescence he gradually began to lose power in the legs. He is an intelligent lad, and states that when the disease began, he had to place his hands on his thighs in going up stairs, and when rising from a sitting position on the ground, had to use his hands in the same way, turning partly round, so as to get on one leg at a time, thus forcing himself up. He was constantly falling, especially if he walked fast or ran. He gradually got worse, losing power in the legs and arms, both of which, as he lost power, became enlarged. He has been unable to walk or use his arms for the past two years.

*Status præsens.* He is unable to stand or sit upright; his legs are flexed, and as he sits in a chair, the feet are expanded, and point towards the floor. He is unable to raise his hands to his head.

The muscles of the upper extremities, with the exception of the inspirators, are atrophied, the latter being hypertrophied.

*Reflexus:* Patellar, absent; no ankle clonus; others well marked.

The *family* history is interesting, as a brother four years of age is becoming similarly affected. No other males on either side have had the disease.

Dr. CLIFTON said that in 1874, when Dr. Dyce Brown was staying with him, he had a case of pseudo-hypertrophic paralysis. He kept the case, a girl, under *phosph.* 3x three times a day for fourteen months, and she got perfectly well.

*Muscular Atrophy.*

Dr. BLACKLEY then brought forward a patient suffering from muscular atrophy, possibly following infantile paralysis.

E. W., æt. 11. When about seven months old his mother noticed he did not use his legs or move them about, as children of his age do. She took him to the Children's Hospital, where electricity was applied for from two to three months. He was then taken to the country

At the age of two-and-a-half years he began to walk. He never could walk well, was always falling and had to work his arms very much, "waddling" from side to side. There was never any hypertrophy of the muscles, on the contrary, the extremities, as he became older, became very thin, the muscles atrophying. There is a marked anterior curvature of the spine.

*Family History.*—Father was suffering from syphilis when the child was born, had neurotic affections on either side.

When admitted his weight was only 2 stone 9 lbs., the extremities were exceedingly thin, the muscles being atrophied. When walking the abdomen is thrown out, arms work, and he waddles very much.

*Reflexes.*—Patellar, absent; no ankle clonus; others present.

#### *Embolism.*

Dr. BLACKLEY then showed the *heart of a patient who died from embolism*, and read the notes of the case, which was one of great interest, showing the progression of symptoms as the different parts were attacked.

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## THE THREE GREAT PHYSICIANS.

By Dr. COLLINS, Leamington.

It has often been remarked that there is generally a fashion in allopathic medicine; we find drug after drug introduced and lauded to the skies as almost panaceas, each in its turn to be dismissed; the medicine of one decade being reprobated in the next.

A change has come over the spirit of the scene, and now there is a tendency to utterly disbelieve in the curative action of drugs altogether. This disbelief is not in the rank and file so much as among the leaders, so to speak. As a proof of this we will quote Sir William Gull, who, at a scientific meeting some months since, made the following statement: "Disease is not cured by drugs. How many doses of medicine did the Prince of Wales take when he was ill with typhoid fever? Not four. It is the power of nature that cures disease, and the duty of the medical man is—not to give drugs, but to assist nature." This is truly a melancholy view to take of medicine at this period of its history, and one from which we, who practice according to the homœopathic

principle, entirely dissent. No wonder our brethren of the old school lose their faith in physic ; such must necessarily follow its unscientific administration. When polypharmacy is given up, and a single remedy only prescribed at a time, then, and not until then, the mist will clear from their eyes in a measure, and the biting sarcasm of Judge Coleridge in deciding lately on a law case, "that if you give a man drugs, you make him the arena of a conflict of opposing poisons," will no longer have any point or force.

The celebrated Dr. Sydenham, called the Father of English physic, and who lived in the early part of the 17th century, when on his death-bed and surrounded by relations and friends, said : "I leave behind me three great physicians." Then came a pause, and every ear was strained fully to hear some well known names ; but, he added almost in his last words, "Air, exercise and water."

Generations have passed since then ; we rejoice to find that the medical mind is awakening to the great value of these powerful agents. We know well that life cannot be sustained long unless the air contains 21 per cent. of oxygen. It is the *sine quâ non* of our existence, so patent to every understanding, that it should require no advocates. It is necessary alike at all periods, and under every circumstance of our mortal lives. In spite of this known fact, are we not prone, however, to exclude unduly fresh air from our rooms ? Surely our frames should bear moderate currents of fresh air from our doors and windows, were we not made extra susceptible to chills from the often hot-house atmospheres pervading our dwellings. It is the custom of many people to entirely cover their heads with bed-clothing at night, with the result of the head becoming moist from perspiration, and predisposed to colds. This is not the worst evil ; the air being breathed over and over again, becomes vitiated ; defective oxygenation of blood follows, with its attendant evils. A few years since a clever little pamphlet was published, with the title, *Shut your Mouth*. With the sentiments there expressed I cordially agree, but would suggest in any future edition an addenda to the title of *And Keep your Nose Outside the Bed-clothes*.

The fate of our countrymen when confined in the "Black Hole" in Calcutta, and the awful diseases raging



in our prisons in the 18th century, and termed at the time "jail fever," were caused by over crowding and contamination of the air. It was owing to the self-sacrificing efforts of the noble Howard and others, that many dreadful abuses were remedied; but even these sacrifices have scarcely been sufficient to convince mankind that a certain amount of cubic space is necessary for breathing purposes, and that the air in that space requires constantly renewing. Pure air being an essential in health, how much more then is it necessary in treating disease.

I can almost remember the time when small-pox was treated by taking precautions to exclude every breath of pure air from the sick chamber: with closed windows and doors, the bed surrounded by curtains, the patients were allowed to stew in their own juice. In 1781 a fire broke out in the town of Blandford, at a period when a malignant epidemic of small-pox was raging, with a mortality of 50 to 60 per cent. All the patients, 150 in number, were carried into the fields, where they remained several days and nights. Beds were made under dry hedges and the arches of bridges, "yet notwithstanding this sudden exposure to the air, it is a fact which many people will remember and testify, that one person only died, viz., a young woman who was almost expiring at the time when she was removed." So wrote Dr. Pultney, of Blandford.

In Sydenham's time the medical world was divided into two hostile camps; one advocating bleeding and lowering measures, the other cordial medicines and a hot regimen. Against the latter Sydenham fought most strenuously, and with some success; we must also give him credit for regarding the former treatment as pernicious. Anyway he regarded what he termed the "stifling process" as most deadly. We have altered all that now in England happily, and treat our fever patients with a little more regard to hygienic laws. On one of my visits to Norway, two years ago, I visited the leper hospital at Bergen and was amazed to find all the serious and advanced cases of that awful disease penned up in separate chambers, about ten feet long by six broad, and a height of seven feet. The door and window of each room were closed, and the atmosphere most sickly, the odour being indescribably offensive. With the experience of Blandford, surely such patients in summer might well

be treated under canvas, with a greater prospect of alleviation. It struck me that here one of Sydenham's physicians was decidedly abroad; and the results of such treatment would be on a par with that of our own small-pox patients a century or two ago.

Air, exercise and water are no mean agents, apart from medicine, in restoring the human frame, when disabled from disease. By the judicious use of these simple but valuable agents, how many chronic patients have been relieved or cured in various hydropathic and other health resorts here and elsewhere.

The present fashion is to relegate all cases that old Physic cannot cure to the "massage" treatment. This is a step forward. No doubt much benefit may be derived from friction applied by a skilful operator in many forms of disease in which medicine fails. There is nothing new under the sun.

Massage, excellent though it may be, is only a fractional part of a system already built up by the Swede Ling, who, seventy years ago, first advocated treating diseases by systematised manipulation and movements. Ling considered the human organism as perfect in itself, made up of lesser organic structures, each having its own especial function, yet contributing in the aggregate to the perfection and stability of the whole organism; that there are three agencies continually acting on the body, the dynamical (influential agency of the mind), the chemical agency, and the mechanical agency; that in health all these agencies perfect their respective parts, whereby harmony exists throughout the whole, but that in disease this harmony is destroyed; and that each of the agencies exerts a power in restoring the frame to its normal condition. Thus Ling gave to the mechanical agency that importance which it properly merits.

As chemical effects proceed from within, outward, so, he averred, do mechanical effects proceed from without, inwards. Many examples of this last law may be seen every day. Were it otherwise, people would not faint or die from a severe blow to the trunk or limbs, which blow often has not disorganised the tissues to the extent that we should have expected. The mechanical agency may be indeed considered, as one of the most efficacious we are

possessed of, and as equalled by no other system, in restoring that harmony which in disease has been lost.

Ling's system (kinæsiopathy) comprises active and passive movements; the former is capable of combination—thus, the patient endeavouring to execute some definite muscular action, while the operator resists, and *vice versa*. The passive movements consists of friction, kneading, percussion, vibration, pulling, rotation, pressure, &c., &c. The active and passive movements are thus analysed by Ling:—

“1. That the effects of these movements may be transferred to any part or organ of our organism.

“2. That the strength of the movement may be modified and regulated from the most feeble to the most powerful.

“3. That passive movements generally affect the sensory or excito-motary phenomena of the nervous system and of the absorbents, and thereby increasing the absorption, advance the retro-metamorphosis (waste) of the organic textures (shorten the periodical cycles of duration of the nucleated cells constituting the tissues.)

“4. That active movements augment the activity of the arteries and the innervation of the motary nerves.

“5. That they increase the animal heat.

“6. That they advance and support the progressive metamorphosis (repair) of the tissues (increase the deposition of nucleated cells to constitute new tissues).

“7. That the effects of the movements and manipulations are not only continuous during the period of application, but are lasting in their results on the body.”

In this short paper it is impossible to enter fully into this subject, which has been so well described by Dr. Roth in his various works.

Ling inherited a consumptive tendency from his mother, which he succeeded in warding off by a course of kinæsiopathic treatment, and attained a fairly good age. As an illustration of a crude piece of kinæsiopathic treatment, note the following:—

Nearly two centuries ago, an old gentleman between 70 and 80, an Admiral Henry, was confined to his bed by chronic rheumatism; he suffered also from advanced double cataract. He conceived the idea that percussing his body would have a beneficial effect. He tells us in his pamphlet, that he had little wooden mallets or

hammers constructed, and percussed himself over his joints and orbital regions, at all hours of the night and day. At the end of a few months he was so relieved as to be able to take out-door exercise, and still more wonderful the cataracts had become entirely absorbed.

From Hippocrates down to modern times we have the testimony of medical men as to the value of exercise, but until Ling formulated his system the mode of recommending exercise was at the best haphazard. To tell a phthisical patient to use dumb bells and dig in his garden; another with spinal weakness to take walking exercise is questionable advice, and if followed likely to develop those diseases.

Many of these diseases may be relieved, if not cured, by the Swedish exercises. My own good health I attribute in a great measure to Ling's system, which I practised during the eight years I was pupil and assistant of the late estimable Professor Georgii.

To carry out successfully this mode of treatment, it is necessary to have a good knowledge of anatomy, physiology, and pathology; otherwise the results may not be satisfactory.

Pure water the English race all the world over know how to appreciate. As a rule they take every possible care to obtain it in its purest form and in abundant quantity. There is, however, room for improvement in some of our towns, sufficient care not being taken to avoid sources of impurity, although, as regards obtaining a pure supply, we are far in advance of other nations. Without fear we may make it our natural daily beverage. This is not so on the Continent of Europe, as many of our countrymen know to their cost. "What am I to drink, doctor," says the gouty patient, "since you debar me from alcohol in all its forms?" "Water, my good Sir, water, and that freely." Patients of this type seem to know as much of the merits of water as the celebrated old gentleman of whom it is recorded that he could name with a certainty, being blindfolded at the time, any known drink given to him to taste. A bet being made on a certain occasion, all sorts of wines, spirits, and beers were given, which he unfailingly described. As a *dernier resort* a wineglassful of water was now presented, which for the first time baffled the old toper. On asking the name of the drink,

and being told "water," "Ah, no wonder I failed, I never drank that in my whole life."

The early hydropathists made their patients drink as many as sixteen to twenty glasses of cold water daily in the majority of cases. Mind, the water was *cold*, not hot or boiling, as recommended by some of our profession at present. I am convinced the "mucous membrane" of our poor stomachs must be sorely tried by the drinking of exceedingly hot water. I have treated numbers of young people lately, who assured me they could not digest their food unless they took their tumblers of almost boiling water afterwards. Can this be satisfactory for any length of time? I trow not, and certainly think it a measure that should only be resorted to in exceptional cases. Its use must certainly fall in abeyance. Some doctors, however, take the physic they recommend their patients, contrary to the popular belief. A worthy *confrère* and his wife with whom I am acquainted are regular "tipplers" of boiling water. Seated on either side of the fire, the two tumblers are brought in at 10 o'clock punctually with great solemnity, and Darby and Joan take their night-caps, minus the little flavouring of mountain dew.

The prejudice against hydropathy is gradually passing away; the medical profession are beginning to see that they have ignored a very valuable means of treating disease. The records of the past show a painful amount of intolerance and ignorance. The County Hospital for Warwickshire, situated in Leamington, was founded by the late Dr. Warneford, after whom it was called The Warneford Hospital and *Bathing Institution*. Mark the words! The late John Hitchman was surgeon for many years to the hospital, and a few years before he died he became a convert to homœopathy. The medical staff did not—*more consuetudine*—force him to resign by any pressure, moral or otherwise, which is something in their favour, but they proposed and passed a bye-law, to the effect that "no medical man practising hydropathy, homœopathy, mesmerism or any other form of quackery, should in future be eligible as medical officer. After Hitchman's death, the Committee of Management seemed to awaken to the ridiculousness of their position, and erased the words "Bathing Institution," from the outer walls of the building.

We may judge of the salubrity of a town from its death rate. That of Leamington is 15.24 per 1,000, comparing most favourably with any English watering-place; even this rate would be lower, but for the fact that many invalids in advanced stages of disease come here to end their days, being beyond any hope of recovery.

Leamington is situated in the most central part of England, and presents a sylvan beauty that but few towns can boast of. The air is most pure, and of an even temperature, subject to but slight variations, the mean rate being 48°. The supply of water is obtained in abundance from artesian wells; analysis shows it to be perfectly free from all organic impurity. These wells have cost the town many thousands of pounds, money well spent, for no sum is too large when the question of a bountiful supply of pure water is concerned. Leamington is one of the best kept towns; it may be called in that respect the "Monte Carlo" of England. The streets are well paved and watered, and from the sandy nature of the soil, rain water soon drains away. Avenues of trees meet the eye at every turn. Electricity lights the streets, and altogether the impression on a visitor coming here for the first time is most pleasing. The celebrated Dr. Jephson first brought the town into notice; he attracted people from all parts of the Kingdom by his judicious use of the mineral springs. Unhappily he outlived his fame. Blindness overtook him at the zenith of his influence, and a few years since he died almost forgotten. I have frequently seen him walking along the streets, scarcely noticed. *Sic transit gloria mundi.* The mineral waters fell unjustly into disuse, but the profession and public are now again realising that they are eminently of great service in gout, liver and kidney diseases. The town has recently at considerable outlay entirely renovated the Baths, so that there is every facility for successfully treating the above named diseases. The waters are chiefly saline and chalybeate.

The roads all round Leamington are splendidly kept, affording great facilities for those fond of equestrian exercise. For the votaries of Diana—two packs of foxhounds being in the immediate neighbourhood—good sport can always be had. Places of interest abound in the neighbourhood. Kenilworth Castle, one of the finest of ruins, associated with the name of the ill-fated Amy

Robsart, is but five miles distant; Stoneleigh Abbey, three miles; Stratford-on-Avon, the birthplace of the immortal Shakespeare, ten miles; Warwick, with its stately castle, two miles. Houses are continuous now, from the two towns. Coventry, with its high steepled churches and Lady Godiva memory, ten miles; Guy's Cliff, two miles.

Subscription and other balls are frequent. An excellent theatre merits better support. The Jephson Gardens, situated in the heart of the town, can be promenaded, while a good band discourses excellent music. The shops are first-class. Rents and taxes are moderate. Those who love quiet can have it also to perfection; the avenued roads with charming villas abound in all directions. The numerous and well-attended churches must please every theological turn of mind. Educational advantages are great. We have a first-rate college for boys, deservedly rising in public estimation, under the able administration of the Rev. Dr. Wood. For girls there is a good high school, as well as many other educational establishments of the first order.

To sum up, there is no place better suited for all sorts and conditions of invalids than Leamington, from its pure air, even temperature, and general surroundings.

The three great physicians of Sydenham—Air, Exercise, and Water—are not handicapped in this favoured town; they can be utilised in the fullest sense of the term, the conditions being such that those who are in health may retain their vigour, while those who have lost that not sufficiently prized blessing have every prospect of regaining it.

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### PROVING OF *HYDROCHLORATE OF QUININE*.

In *Virchow's Archiv*, vol. 109, 1887, is a very interesting proving of *hydrochlorate of quinine*, by Dr. Hugo Schulz, of Greifswald. The experiments were made on ten healthy medical students, and the quantities of the drug taken were only from  $\frac{1}{2}$  to 1 centigram night and morning for periods of eight days of each dose respectively. Accurate periodical observations of the pulse and temperature were made, but these were scarcely, if at all, affected. On the other hand, very peculiar



effects were developed in different spheres. 1. *Head*.—All the provers experienced a certain amount of heaviness and pressure, accompanied by apathy, depression of spirits, melancholy, disinclination for work, often followed by excitation and irritation, amounting sometimes to anxiety. In one the anxiety was so great as to compel the prover to leave his house and walk up and down. Vertigo was frequent, in one case causing inability to stand. Sleep was disturbed by frightful and disgusting dreams, and starting up out of sleep. Great fatigue and prostration occurred in several of the provers. In one, a great smoker, there was developed intolerance of tobacco, which, if smoked, caused cold perspiration and collapse. In two provers an intolerance of alcohol was produced, a very moderate amount of beer making them quite tipsy. 2. *Eyes and Ears*.—Dimness of vision and noises in ears occurred in several of the provers. 3. *Trifacial Nerve*.—In all, except one, neuralgia of this nerve was excited, usually of a typical character. In one this neuralgia was extremely severe. It involved the supraorbital region, the temple, the meatus auditorius externus, and the teeth above and below. It commenced about 3 a.m., and continued till 6 a.m. every night, and was of extreme violence. It lasted for weeks, and did not yield to a prolonged administration of *arsenic* in the form of Fowler's solution. It went off after an eight days' course of *oxyde of iron*. In all the neuralgia occurred on the left side. 4. *Skin*.—Itching of considerable intensity, chiefly in the back, occurred in two cases. In one the right eyelid swelled and developed a furuncle, which had to be opened. 5. *Stomach and Intestines*.—The appetite was either very much impaired, or canine hunger was developed, which was satiated by a very small quantity of food, that took away all appetite for the next meal. Gastric catarrh occurred in one prover. The bowels were sometimes slightly relaxed, but generally constipation occurred. 6. *Urinary Organs*.—Irritation of the bladder, with frequent desire to urinate, but without increased secretion. In one case the urinary secretion seemed to be suppressed, or the bladder did not feel the usual desire to evacuate its contents. The author adds the following very significant remark: "This method of experimenting on a large number of persons with very small doses of

drugs is most suitable for giving reliable indications of their pathogenetic action." The question, of course, naturally occurs to a disciple of Hahnemann—What will the allopaths do with such pathogenetic knowledge? We see here reproduced pathogenetically some of the morbid states for which *quinine* is commonly employed: Facial neuralgia of a typical character, weakness, loss of appetite, gastric affections, depression of spirits, anxiety, and disturbed sleep. Our anti-homœopathic friends can never again prescribe *quinine* for such states without acknowledging that they are acting in accordance with our therapeutic rule. Some no doubt will rather forego their use of their universal tonic and anti-neuralgic than prescribe it under such conditions. Full details of these important experiments will be given in the Appendix to the 2nd vol. of the *Cyclopædia of Drug Pathogenesis*.

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### RONCEGNO WATER.

By ROBERT T. COOPER, M.D.

DISTINCTION has been drawn between *mine* waters and natural mineral waters, and were our ideas of *mine* waters limited to the waters found in the adits of mines, and natural mineral waters to those medicinal waters that are found springing up directly from the ground and away from mines, it would be comparatively easy to formulate a definition that would distinguish these varieties. But mine waters—at least waters that partake more of the character of the strongly mineralised solutions met with in mines—are to be found percolating the highly mineralised strata that usually adjoin mines.

Of this character is the Trefriw water, which has been introduced to our notice by our able colleague Dr. Hayward, of Liverpool. Used in the form of baths, and in small doses for internal use, the Trefriw water possesses very distinct effects. Unfortunately, however, it will not keep long when bottled.

Resembling the Trefriw water in being probably more a mine water than a natural mineral spring, is the Roncegno water. This, which is an Italian water, is now being freely introduced into England, and if only it is used in sufficiently small doses, it will, I am sure, prove of great help in suitable cases.

The following is the analysis by Professor Manetti.  
Each litre contains :—

Arsenious acid ... ..	grains	0,0670
Ferric-oxide ... ..	„	2,0400
Sulphuric-acid of this ferric-oxide	„	2,0390
Sulphate of ferreous oxide ...	„	0,3840
„ „ cupriferos oxide...	„	0,0270
Magnesian sulphate ... ..	„	0,1420
Ammoniacal „ ... ..	„	0,0054
Aluminous „ ... ..	„	1,2790
Magnesian „ ... ..	„	0,5963
Calciferous „ ... ..	„	0,8300
Potassic „ ... ..	„	0,7500
Sodaic Chlorure ... ..	„	0,0422
Carbonic acid ... ..	„	0,0049
Silicious earth ... ..	„	0,2910
Organic matter... ..	„	1,6300

grains 10,1278

Every litre of Roncegno water contains 6 centigrams and 7 milligrams of arsenious acid, and over 2 grains of sulphate of iron.

Before prescribing it I made a rough proving of this Roncegno water upon myself, and took a tea-spoonful of it, well diluted, every morning, fasting. I soon found this dose began to disagree, and then took 15 drops in the same way for about a week. The effect of it was to set up violent indigestion, which took the form of restlessness at night, nightmare, with most unpleasant dreams and talking in sleep.

A lady, to whom I gave a tea-spoonful of the water three times a day, told me that every dose was followed by severe pain in the left ovary and considerable back-ache and frontal headache. When, however, but one dose was taken at mid-day, this effect did not ensue.

A lady friend took by my orders a drop in a wineglass of water for a headache in the early morning, and which she expected would last all day, and it went away almost immediately.

Though an iron-water, the Roncegno is wholly unlike the Flitwick water, a paper upon which I read at the Homœopathic Congress, September, 1884.

The Flitwick is chalybeate, and can be taken, in certain cases, in considerable quantities; the Roncegno, on the contrary, ought, I feel sure, to be prescribed only in very small quantities. If properly proved the Roncegno water will be of great use as a homœopathic remedy. In the doses ordered on the bottles, namely, "four table-spoonfuls a day," it would, I feel sure, prove most hurtful, if not directly poisonous, to a large number of patients.

The large quantity of *arsenic* it contains will, of course, suggest it for many chronic affections; but a proving, and a proving alone, will give us accurate knowledge of it. It can be had of R. Davis and Son, 20, Maddox Street, W.

## REVIEWS.

*Homœopathic League Tracts. Nos. 14 to 18. The Royal College of Physicians of London and Homœopathy.—Explanation of Dr. Lauder Brunton.—How they were Converted.—How to Study Homœopathy.—Allopathic Misconception of Homœopathy.* London: J. Ball & Sons, Great Titchfield Street, W.

THE first of these excellent, popular and useful tracts is a letter addressed, some eighteen months ago, to the President, Censors, Council and Fellows of the Royal College of Physicians. It describes the character of the opposition the College has presented to homœopathy, and the methods it has adopted in endeavouring to check its progress. After setting forth a portion of the large amount of practical homœopathy taught by its examiner in *Materia Medica*, it shows how inconsistent is the hostility of the College to this method, while endorsing, as it does, so considerable an amount of the practical results of that method by having Dr. Lauder Brunton as one of its examiners!

No. 15 is a reprint from this *Review* of our article on the explanation offered by Dr. Lauder Brunton of his adoption of numerous homœopathically indicated remedies.

No. 16 gives some interesting details of the circumstances that led to those enquiries which resulted in Hahnemann teaching that homœopathy was the foundation of scientific therapeutics, or the rational art of healing; and to those which brought about the enquiries regarding and the ultimate adoption of homœopathy by Dr. Andreas Ott; the late Dr. Chapman, of London; Dr. Holcombe, of New Orleans—now recognised as the highest authority on yellow fever in the Southern States

of America; the late Dr. Horner, of Hull; and the late Dr. Acworth, of Cheltenham, all men who had achieved a high reputation as physicians prior to their investigation of homœopathy.

No. 17, entitled *How to Study Homœopathy*, gives in a very concise manner just the sort of help needed by many a physician, who having been startled by some unexpected cure of disease through homœopathic means, feels in honour bound to undertake an enquiry as to how far homœopathy is true, and to learn how he may test it. It gives precisely the kind of information required in commencing a thorough investigation of homœopathy.

No. 18, *Allopathic Misconceptions of Homœopathy*, is well deserving of careful perusal. The entire series of *The League Tracts* has excited the wrath and indignation of many medical men. Dr. George Johnson, in one of his contributions to the *Oidium Medicum* controversy in *The Times*, showed himself especially bitter against them, while this particular tract has stirred the *Lancet* (May 2, 1888) into spluttering forth its rage in a paragraph conceived somewhat after the savage and reckless-of-truth style of some thirty years ago.

Of the *Tracts* in general, the *Lancet* says: "Homœopathy has throughout had marks of quackery. One of the most unmistakable is its appeal from the profession to the unlearned." It has ever been the desire and aim of homœopathic physicians to bring homœopathy before the profession. What has been the result of their efforts? In 1836, when Mr. Kingdon read a paper before the London Medical Society, it was resolved that the subject should never be mooted in that society again. When Dr. Epps contributed a paper to the *Lancet* on the use of *arnica* in bruises, &c., the continuation of the series he contemplated publishing was refused him—a refusal based on the protests of the subscribers to that periodical. When Professor Henderson endeavoured to test homœopathy in the wards of the Edinburgh Infirmary, he was at once deprived of his post as physician to that Institution. When Sir John Forbes wrote an article in *The British and Foreign Medical Review*, that had at any rate the appearance of a desire to judge homœopathy impartially, he was compelled to resign his editorial functions. And so it has ever been. Whenever an attempt has been made to introduce the subject of homœopathy into professional circles the effort has at once been frustrated. Only quite lately two papers on therapeutics, which in a more or less direct manner led up to homœopathy, appeared in *The Medical Press and Circular*. On sending a third, the author, Dr. A. Drysdale, of Cannes, was informed by the editor that he had received so many com-

plaints of the papers already published that he must decline any more.

Now, if the majority of the profession insist on stopping their ears to all information regarding homœopathy—in preventing as far as they can any knowledge of homœopathy being placed before them—are those who have had long and large experience of its value, who are convinced of the enormous power it confers upon the physician to control disease, of its influence in shortening illness and in diminishing mortality, to be silenced because the ordinary channels for communicating professional knowledge are hermetically sealed to them? Are they to be scared from communicating what they know because a partisan journalist chooses to call the only method of explaining their views left to them “quackery”?

Did they do so, there would be ample justification for pointing at them as cowards and regarding them as fools. If one of the consequences of our speaking that which we know to be true from the house-tops, is that we must be looked upon by the *Lancet* as quacks, so be it! For our part, we infinitely prefer to be called quacks, for such a reason as this, than to give any one ground for setting us down as cowards.

The profession protest against hearing what is to be said in favour of homœopathy; its members refuse to enquire what is meant by it; they decline to put it to the clinical test. Well and good! Then, as trustees of the most important truth in the whole range of practical medicine, we will address those who, after all, have the deepest interest in the perfecting of the art of medicine, and do so in words that can be “understood of the people.” If the *Lancet* can find any consolation in making a false charge against us for so doing—if its editors and readers think that they have finally and for ever extinguished our claims to consideration by describing this method of obtaining a hearing as “quackery”—they are welcome to any comfort and joy that they can derive from such an old-fashioned plan of making themselves ridiculous, of displaying their fear they have of homœopathy becoming more widely known among their patients.

Referring to the *Tract* before us, *Allopathic Misconceptions of Homœopathy*, the writer, in the *Lancet*, complains that it is based on the ignorance of medical men in regard to the subject of homœopathy. The most honoured men in the profession, and those whose names stand out conspicuously in the history of advanced medical science, are shown to be most grossly ignorant of homœopathic science, or, worse still, of the moral principle which would lead them to do it justice,

and to fall down and worship Hahnemann!" With the exception of the last half-dozen words, this is a pretty fair description of a portion of the *Tract*. The question the *Lancet*, as a critic, should have answered is, "Is this description a fair one; is it justified by facts?" It would have been impossible for the writer to have shown that Andral, Sir Benjamin Brodie, or Dr. C. J. B. Williams knew anything of the "'great' subject" they presumed to denounce. That Dr. W. T. Gairdner is so entirely ignorant of homœopathy, as the three gentlemen we have mentioned, is certainly improbable, but that, whatever may be the degree of his knowledge, he misrepresents it, is certain. So, too, Dr. Lauder Brunton; the chances are that he both understands what homœopathy is and knows that it is true! But this does not prevent his first of all giving a correct definition of homœopathy, and then declaring that this definition does *not* define homœopathy! The first three are specimens of "the most honoured men in the profession \* \* \* shown to be hopelessly ignorant of homœopathic science." The two last are instances of the "most honoured men in the profession \* \* \* shown to be hopelessly ignorant \* \* \* of that moral principle which would lead them to do it justice." Can the *Lancet* writer prove the contrary? He knows that he cannot.

The following passage from this *Tract* appears to have given considerable umbrage to the *Lancet*—but again, the question arises, is it true?

"Above all is the well ascertained fact that homœopathy does not pay. It diminishes the duration of diseases, renders the frequent visits of the practitioner to watch the effects of his remedies superfluous, and it enables patients to treat themselves for most of the slighter ailments, and many of the serious diseases which, under the ordinary system, have hitherto required the aid of the family medical attendant. The diminution of the number of the sick, and of the duration of their sicknesses, implying a diminution of the fund whence the medical practitioners derive their means of living in the face of the over-crowding of the profession—1,200 young doctors being annually added to the profession to supply the places of 600 dead or retired practitioners—is not calculated to make the medical profession enthusiastically desirous for the triumph of homœopathy.

"Partial compensations to the profession are occasionally found. The encouragement given by the bulk of the profession to the indiscriminate use of narcotics is one of the most objectionable of these. The doctrine that wherever pain exists it must be instantly choked off with a narcotic,



has led to the manufacture of some of the most distressing maladies. Numerous asylums exist on the Continent for the treatment of morphinomaniacs, whose insanity has been caused by the extravagant use of *morphia*, chiefly in the form of hypodermic injections, originally introduced and practised upon them by their medical advisers, but which they keep up for themselves. A Pravaz syringe or a bottle of *chloral* is looked on as indispensable to every fashionable lady's or gentleman's toilet-table—at least in Ouida's novels. Other narcotics are also extensively employed, such as *bromide of potassium*, *ether*, *chloroform*, *cocaine*, and lastly *hashish*, not to speak of the continual and pernicious use of *alcohol* in extravagant quantities. While temporarily relieving suffering, these poisonous drugs not only mask the signs by which the cause of the disease reveals itself and its remedy may be discovered, but they lay the foundation of other and often more serious diseases, which not only destroy the bodily health, but injure the mind and weaken the moral sense of their victims.

“Any theory or mode of treatment that promises to give the doctor more to do, is eagerly accepted by the great bulk of the profession. The germ theory, which offered the practitioner many opportunities of fussing about his patients, examining their secretions with his microscope, and applying his microbicides, was very popular for a long time, but its day has gone by. In surgery, the carbolic acid antiseptic system, which brought a baronetcy to Lister, was received at first with acclamations, but is now seldom spoken of, as it has failed to effect what its promoters promised. While the delusion lasted there was a rare time for the surgeon, with his spray producers, his antiseptic bandages, plasters, lint and so forth.

“That the medical profession, as a rule, are more addicted to credulity than to scepticism in regard to medical innovations which do not tend or threaten to diminish their profits, is shown by the uncritical haste with which they adopt the most fanciful theories regarding disease, and the most absurd and pernicious modes of treatment. The germ theory, with its corollary germicide remedies, and the doctrine of the prime importance of subduing pain and procuring sleep, with its corollary of the indiscriminate employment of narcotics, prove this.”

The question here, as we have said, is—Is this a true indictment? The *Lancet* does not disprove it by simply declaiming against its acceptance as truth. It is perfectly true that disease treated homœopathically is far more quickly cured than it is by the measures ordinarily taught and used. Hence it is impossible for the physician who prescribes homœopathically

to make as large an income from the practice of medicine among the same number of families as his neighbour who does not. This is well known; and that the knowledge of it does deter some men, aye, and a goodly number too, from studying homœopathy is but too probable. That *morphia* is resorted to to relieve pain in a dangerous and reckless manner is notorious. "Familiarity breeds contempt," and doubtless the frequency with which it is prescribed, and the few hours' relief which it provides, renders the physician forgetful of the mischief he is doing, and the patient satisfied with the comfort he obtains, while the craving it engenders makes him more than willing to have the dose repeated. The *Lancet* writes of "the prime importance of subduing pain"—but *morphia*, *chloral* and *cocaine* do not *subdue* pain, they simply obscure it, and in obscuring it but too often create an appetite for the continuance of the drug which cannot be subdued.

That the practice which has flowed from Sir Joseph Lister's germ theory has proved of great value no one questions, but it has not done so from his having enunciated a correct theory. Each new "germicide" has presently been shown to have no influence on germ life! The whole advantage that has arisen from Sir Joseph's work has been in the greatly increased cleanliness which it has involved. So far as carbolic acid is concerned, its depressing influence on the health of a patient has led to its abandonment by not a few surgeons, and to the demand for fresh "germicides"; hence it "is now seldom spoken of" as compared with the acclamations with which it was received some years ago.

The *Lancet* is very sore indeed that anyone should call in question the desirability "of subduing pain" by narcotism, or the incalculable importance of "germicides." "Our homœopathic friends," the writer says, "will find that the great public of the end of the Nineteenth Century is not going to accept a theory of medicine which involves the detraction of those benefactors who have done so much to relieve the suffering of their fellows. It would be as reasonable to accept a theory of chemistry that left out the work of Lavoisier and Davy, or a theory of biology that discarded Darwin and Huxley. The instinct of the public—not its knowledge—keeps it from such a fatal blunder, in spite of 'Tracts' and 'Leagues.'" The knowledge of the public, as well as its "instinct," will prevent such transparent bunkum as this from being accepted. A good deal of light was thrown on the homœopathic controversy by the *Odium Medicum* correspondence, a discussion which has had the result, as Lord Grimthorpe said, of lighting "a Jubilee candle in England which will not soon go out." It was then and there proved

that the confessions of therapeutic incompetence and confusion which had been made by men who bore "the most honoured names in the profession" were numerous: that no rational answer was given or attempted to be given to one of these domestic confessions of ignorance and impotence or to the charges which had been made against them "of persecuting everybody that they can or dare, who takes them at their word, and practises or encourages something else; of tyranny over hospital committees; of deceiving and boasting that they had deceived insurance companies who paid them to tell them the truth; of preferring that their patients should die in the odour of allopathic sanctity rather than be cured by heretical small doses; of suppressing in one case here, and embezzling in another at Vienna, returns which were against them; of charging with ignorance and 'intellectual barrenness' those who necessarily know both systems, while they know only one." (*Odium Medicum and Homœopathy*. Reprint from *The Times*, p. 95.)

*The Lancet* reserves its *bonne bouche* of humbug for the last sentence of this paragraph. In it the writer asserts that the reason "why the tide flows slowly in favour of homœopathy" is "its disparity in the conflict with true medical science. After nearly a hundred years of boasting it cannot be credited with one palpable effect. It is easy to decry the germ theory and the remedies which relieve pain. But what would homœopathy give for such palpable and fruitful additions to scientific discovery, and to the abatement of human misery and disease as are represented in *chloroform* and its congeners, or in the antiseptic and germicidal theories of disease, or in the great results of the allopathic treatment of hyperpyrexia. The achievements of homœopathy are like its doses, impalpable." Whether the writer of this passage is one of "the most honoured men of the profession" or not, we cannot say but whatever his professional position may be, that he has herein demonstrated that he is entirely without "that moral principle which would lead" him to do homœopathy justice, is obvious.

We attach the highest value to the discovery of the anæsthetic properties of *chloroform*, and recognise in that discovery a boon to suffering humanity which has rarely been excelled in the case of any individual drug. What, however, we should like to know, are "the great results of the allopathic treatment of hyperpyrexia?" Dr. Bristowe says, "from 106° upwards the temperature is frequently termed '*hyperpyretic*,' and (with one or two notable exceptions) if it surpass 107° or 108°, death is almost certain to supervene." But what is the "allopathic treatment" referred to? For the last 16 or

17 years the treatment of hyperpyrexia that has found most favour has been hydropathic! Some years ago the use of cold water as a therapeutic agent was denounced as vehemently as was and is the homœopathic selection of drugs!

Dr. Cayley, in his Croonian Lectures (1880), after describing the various modes of applying cold water as "the antipyretic treatment," refers to *quinine*, *salicylate of soda* and *digitalis* as drugs which "supplement the cold baths." He adds that "they do not produce so favourable an effect on the nervous system, and sometimes themselves cause unpleasant symptoms. Their great use is as adjuncts to the bath, but they cannot be employed generally as substitutes."

Since this time the chemical laboratory has supplied *kairine*, *antipyrine* and *antifebrine*. Each has been vaunted as capable of reducing the high temperature of the body in fever. *Kairine* is now seldom heard of. The antipyretic virtues ascribed to *antipyrine* are also generally discredited, while, as Mr. Oscar Jennings showed in the *Lancet* (Feb. 25), "alarming symptoms may follow the absorption of *antipyrine* even in small doses." Of *antifebrine*, which is still somewhat in vogue, one observer says, after having given the drug a prolonged trial in the hospital, "that small doses may bring down fever, but that in some cases even three grain doses produce violent sweats, prostration, and hæmorrhage and cyanosis."

Nothing, as it seems to us, would suggest the qualification of such results as these by the adjective "great," unless, indeed, the writer were, as he doubtless is, very hard pressed for an illustration of "the palpable and fruitful results" of allopathic treatment, and consequently obliged to draw upon his imagination for his facts.

But there is one antipyretic which has been increasingly used for the last twenty years, and which is of untold value—we refer to *aconite*. Of that drug, as an antipyretic, we should never have heard had not Hahnemann discovered homœopathy. It was through homœopathy, and through it alone, that we first knew that *aconite* controlled sthenic fever. Its sphere of operation was described with perfect accuracy by Hahnemann and his followers; and their observation was transferred, apparently as an original idea, from their writings to the pages of Dr. Ringer's *Handbook of Therapeutics*. Since that time it has become the antipyretic *par excellence*, and that it is so is one of "the great results" of homœopathic research.

Homœopathy, says the *Lancet* writer, "cannot be credited with one palpable fact." Had this been true, Bartholow's *Materia Medica*, Ringer's *Handbook of Therapeutics*, Charles Phillips' *Materia Medica*, Dr. Bruce's recent work on the same subject, and Lauder Brunton's *Opus Magnum* could never have

been written. Each of these books teems with "palpable facts" derived from and first made known through homœopathy and by those who acknowledge its truth.

Homœopathy is a therapeutic principle through which medicines applicable to well-nigh every variety of disease can be discovered. To compare the value of a far-reaching therapeutic doctrine with three or four isolated instances of drug action—however useful, however fruitful—is too *prima facie* absurd to require illustration.

Homœopathy "cannot be credited with one palpable effect," writes this unscrupulous detractor of the scientific basis of therapeutics! The "effect" of homœopathy upon the general practice of the profession has, in truth, been very palpable indeed! It was the success of homœopathic treatment that led to the expectant methods of Skoda, Dietl, and others. It was the expectant method that necessitated the abandonment of the irrational and mischievous therapeutics of fifty years ago. It has been the success of homœopathic treatment that has induced Bartholow, Ringer, and others to publish as their own observations and recommend the adoption of innumerable therapeutic generalisations which have been derived from practical homœopathy, and first made known by physicians who openly practise homœopathically. "Homœopathy cannot be credited with one palpable effect!"

It is a fact which no one can disprove that, than Hahnemann, "no one man ever lived whose influence upon the practice of medicine has been so great as his. No man ever lived the influence of whose work and teaching will so deeply tincture the medicine of the future" (*Drift of Modern Medicine*. 1869).

"Times must be very bad with" the opponents of "homœopathy when" they have to "resort to such weapons as" mere declamatory misrepresentation and the unblushing denial of well-known and abundantly substantiated facts.

A very large number of people, both within and without the profession, understand now much more clearly than they did six months ago what homœopathy means, what the results of putting homœopathy into practice are, and how earnest and utterly unscrupulous are the efforts made to keep back all information regarding it. To produce the impression the *Lancet* desires by the methods it employs is therefore far more difficult than it was; and we may add, that in proportion as these Homœopathic League Tracts are circulated, it will become yet more difficult still.

*Fever and Blood Poisoning and their Treatment, with special reference to the use of Pyrogenium.* By J. COMPTON BURNETT, M.D. London: J. Epps & Co., 170, Piccadilly.

SEPTIC fevers are at all times anxious cases, the issue of which is ever uncertain. In truly sthenic fever, *aconite* can be relied on to bring down the temperature with confidence, but in typhus, typhoid or pyæmic fever, we cannot point to any one medicine so prompt and certain in its action as *aconite* is in inflammatory fever, or *synocha*. A few years ago Dr. Drysdale was attracted by some observations of Dr. Burdon Sanderson on the fever-producing power of "a chemical non-living substance formed by living bacteria, but acting independently of any further influence from them, and formed not only by bacteria, but also by living pus-corpuscles, or the living blood or tissue-protoplasm from which these corpuscles spring." Dr. Burdon Sanderson named it *pyrogen*. His observations showed that the febrile state it produced was strictly analogous to that which is characteristic of typhus, typhoid and pyæmia.

In this little pamphlet Dr. Burnett gives clinical evidence which, in his opinion, tends to show that *pyrogen* has the power to break up fevers of this type. The amount of evidence is not great, but the quality of it is sufficiently good to justify medical men in testing the value of this substance in disease of the kind. Dr. Burnett used it in the 6th centesimal dilution.

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*The Practitioners' Guide to Urinary Analysis.* By CLIFFORD MITCHELL, A.B., 2nd edition. Chicago: Gross & Delbridge, 1888.

THIS addition to the already numerous works on the same subject possesses the advantages of clearness and simplicity in its instructions, with sufficient fulness to satisfy the needs both of the student and of the general practitioner of medicine. We can cordially recommend it as a guide in the clinical examination of the morbid products contained in renal secretion.

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*Der Standpunkt eines Homöopathen gegenüber den modernen Entdeckungen in der medizinischen Wissenschaft.* Von Dr. PAUL HEUSER.

THIS pamphlet is a reprint of an article that appeared in the 7th vol. of the *Zeitschrift des Berl. Vereines Homöop. Aerzte*. The author adopts the views of Hüter with respect to the origin of diseases from micro-organisms, called monads,



microbes or bacteria. According to a saying attributed to Pasteur all diseases may be divided into two classes. 1. Those in which a microbe has been found, and (2) those in which a microbe will be found. Our author, apparently following Hüter, takes it for granted that all diseases are caused by microbes, or "monads" as he prefers to call them, *i.e.*, minute organisms present in the media surrounding us, which penetrate into the body by the skin, the lungs or the alimentary canal and cause alterations in the organism of an abnormal or morbid character. But they cannot do this unless the "disposition" to their reception exists. This disposition is caused by the presence in the organism of certain dyscrasias, which Hahnemann called psora, syphilis and sycosis. But our author, while acknowledging that Hahnemann was right in supposing a dyscrasic predisposition to be essential for the production of many diseases, thinks that he was mistaken in attributing it to his three miasms. Dr. Heuser is of opinion that the syphilitic virus is the primary cause of the predisposing dyscrasia, and that scrofula and tuberculosis are offshoots of the original syphilis, which he believes to be the disease described in Leviticus xv., 1 to 15. Compulsory vaccination he alleges to be the cause of the dissemination "through the whole civilised world" of these cachexiæ, dyscrasiæ or dispositions. He then explains, still following Hüter, how it is that the presence of the dyscrasic predisposition allows the entrance of the morbid monads into the system. In the normal healthy condition the body possesses two protective barriers against the entrance of the morbid monads, *viz.*: the cuticle, and in the case of the mucous membranes, the epithelium, and when this barrier is passed the lymphatic glands; in the organism affected with the syphilitic dyscrasia or its degenerations or offshoots, the scrofulous and tuberculous cachexia, these barriers have lost their normal integrity and permit the entrance of the morbid micro-organisms, which increase and multiply, and by the alterations they cause in the capillaries and white corpuscles of the blood give rise to the abnormal phenomena of disease. The chief morbid processes caused by the penetration into the organism of these monads are inflammation and fever. The following is Dr. Heuser's account of the production of inflammation: "When the monads have penetrated into the body through the skin, they either follow the stream of the used up nutrimental juice and are caught and retained in the network of the lymphatic glands, or they move against this stream to the walls of the delicate bloodvessels in the true skin. They attach themselves to the muscular coat of the vessels, increase in numbers, and by destroying the cells of



the muscular fibres cause paralysis of the muscular coat. In this way is produced the inflammatory dilatation of these vessels which constitutes the *first stage of inflammation*. The monads now bore through the coats of the vessels and penetrate both the red and white corpuscles, causing the former to assume a peculiar jagged form, and they soon destroy a number of these corpuscles: the colouring matter that remains causes the familiar appearance of hemato-genic icterus. The latter (the degenerated corpuscles?) have their motility increased, they attach themselves to the walls of the vessel and get into the neighbouring tissues through the holes in the vessels bored by the monads. They are accompanied by a quantity of blood serum which is rendered turbid by the presence of white corpuscles, now called pus corpuscles, and this completes the first or serous stage of inflammation, which, when it occurs in the mucous membrane, is called catarrhal inflammation. Under favourable circumstances the whole inflammatory process terminates here, and health returns as shown in the normal course of a coryza."

He then goes on to describe the further process of inflammation when it does not terminate in resolution in the first stage. But it would take more space than we can afford to give his description, or to follow him in his account of the bacterial process in fever. It will be observed from the sample we have given, that the whole description is imaginary, or we should say theoretical. The theory is certainly very ingenious and complete and merits careful consideration, but like many other ingenious theories it requires us to take for granted many things for which no proof has or perhaps can be given. Nor is it of much or any importance to the homœopathic practitioner, as it affords no help to him in practice. Still as many delight in pathological theories, even though they may not seem to have any bearing on the treatment of disease, we can heartily recommend Dr. Heuser's pamphlet, which is well worth careful perusal. The theoretical part is followed by an excellent comparison of homœopathy with allopathy, which has no apparent connection with the former part of this work. The case for homœopathy is stated in a clear and scientific spirit, and we can imagine it doing good service to our cause if it could be placed in the hands of liberal-minded and unprejudiced practitioners of the old school, of whom there are many more than we might be led to suppose from the ignorant and prejudiced practitioners who have lately thrust themselves forward as the spokesmen of rational medicine.

## MEETINGS.

MEETING OF THE WESTERN COUNTIES  
THERAPEUTICAL SOCIETY.

Held at 15, Catherine Place, Bath, April 5, 1888.

Present: Drs. EUBULUS WILLIAMS (President), R. H. FALLON, F. H. BODMAN, S. MORGAN, and T. D. NICHOLSON (Secretary), of Clifton; J. H. MACKECHNIE, P. R. WILDE, and G. NORMAN, of Bath; A. S. ALEXANDER, of Plymouth; and N. G. HARDY, of Bournemouth.

In accordance with the resolution of the last meeting, a vote of sympathy with Mr. K. Millican in the action recently brought against him was sent, and contributions to the Defence Fund forwarded to Major Vaughan Morgan, amounting to £7, in addition to several sums which had been sent direct by the members.

Dr. BODMAN then read the following paper on *Inflammation and Hypertrophy of the Tonsils*.

Gentlemen,—The subject I have chosen for our consideration is: Inflammation and hypertrophy of the tonsils. While it presents nothing particularly novel or striking, it includes diseases which we are continually called upon to treat.

The tonsils are two glandular organs consisting of aggregated mucous follicles, with much lymphoid and connective tissue, lying between the anterior and posterior pillars of the fauces on either side. On the surface may be seen a number of mucous crypts, leading into small recesses, from which mucous follicles branch out into the substance of the gland; they are lined with a continuation of the mucous membrane of the pharynx. Their functions are not clearly understood, but they secrete a lubricating fluid, which moistens the fauces and facilitates the swallowing of food.

Acute inflammation of the tonsils may be classed under three forms. 1. Acute catarrhal, erythematous, or follicular tonsilitis, sometimes called follicular catarrh. 2. Phlegmonous, or parenchymatous tonsilitis, or quinsy; the catarrhal form may run into the parenchymatous. 3. Exudative tonsilitis, sometimes mistaken for diphtheria.

Anderson, in *Heath's Dictionary of Surgery*, states that the quinsy of adults, is commonly a suppurative inflammation of the areolar tissue of the soft palate or pharynx, rather than of the tonsil itself; if so, we have, in this case, to deal with a distinct disease calling for special treatment. 1. Acute catarrhal tonsilitis, affects primarily the mucous membrane covering the tonsils. It is the form commonly seen in very young children, and is often the condition which underlies

what may appear to be attacks of feverishness without any assignable cause. It is the more likely to be overlooked on account of there being often in infants but little, if any pain or difficulty in swallowing evidenced by the child. The child is ill, there is marked feverishness, head heavy and the appetite fails. In such cases, if we feel under the angle of the jaw, or examine the throat, we shall discover this catarrhal inflammation of the tonsils.

Usually, however, especially in older children and adults, the disease is ushered in by a feeling of dryness and heat in the throat, with difficulty in swallowing, and this is accompanied with more or less fever and general malaise.

The tonsils and surrounding parts are of a dark red colour and swollen, they are at first dry, but soon become covered with a cloudy secretion, and later, the surface may be studded with accumulations of pus in the mucous crypts. The uvula is involved in the inflammatory process. The disease is not infectious, and does not run on to suppuration.

*Treatment.*—In the first stage the disease may often be cut short by a few doses of *acon*. If called in too late for this then generally *bellad.* will be found the suitable remedy, especially if there be decided redness with much dryness and heat in the throat with difficulty of swallowing. If there be sudden swelling of the tissues, with *burning*, pricking, stinging pains *arum triphyllum* will be the remedy. If the appearance of the parts be œdematous, the throat swollen both inside and outside, *apis* should be chosen. If the colour of the tissues be a dark purple, and the general symptoms out of proportion to the local appearances with much nervous agitation, we should give *lachesis*. Should there be any tendency to ulceration, the swelling more marked than the redness, difficult deglutition, and much salivation, *merc. cor.* For feeling of roughness, and of a foreign body in the throat extending to the eustachian tubes and œsophagus, with hawking to get rid of tough mucus, *phytolacca*.

When the inflammation is subsiding, and there remains much tenacious mucus about the throat, with a similar discharge from the nose, *kali bich.* To clear off the remains of a sub-acute attack *hydrastis* is often most useful.

2. Phlegmonous, or parenchymatous tonsilitis or true quinsy occurs most frequently between the ages of five and twenty-five, especially in lymphatic or scrofulous constitutions, and in cold, damp weather, more frequently in spring and autumn. There is a tendency to relapse, and one attack distinctly predisposes to another. The disease may affect one or both tonsils. The inflammation attacks the substance of the gland, causing infiltration with proliferation of the

connective tissue; if not arrested, it goes on to the breaking down of these deposits and the formation of an abscess. Once this has happened it is very difficult to avert it in a second attack. On looking into the throat one or both tonsils will be seen of a dark red colour, swollen, nodulated, covered with viscid mucus reaching across to the uvula, or if both be affected, almost entirely blocking up the space between the fauces, so that they touch each other. More frequently the disease is confined to one side.

The disease is usually ushered in with distinct rigors, followed by considerable fever, temperature ranging from 103° to 105° Fahr. accompanied by general constitutional disturbance, prostration, headache, and in young children delirium. There is a feeling of soreness and tension in the throat, with dysphagia, also piercing pains extending to the ear on swallowing. The face is distorted, and there is a peculiar muffled nasal twang to the voice. The spreading of the inflammation to the neighbouring muscles paralyses them, so that the attempt to swallow often causes the food to return through the nose. There is usually salivation, with secretion of viscid mucus. The tongue is thickly coated with moist thick white or yellowish fur, a foetid odour comes from the mouth; sometimes the swelling is so great as to make it impossible for the patient to open the mouth. There is much tenderness on the outside of the throat, and a swelling can be felt underneath the angle of the lower jaw. It may be accompanied by tinnitus, partial deafness, also suffocative paroxysms. If it goes on to abscess there is increase of stabbing pains and difficulty of swallowing, with increasing temperature till the abscess breaks, which is followed by great and immediate relief. The pus is often foetid.

*Treatment.*—It is in this disease that *baryta carbonica*, 6 or 12, has been found of such signal service. If the case be seen early it will often arrest the disease within 24 hours. Especially in the case of strumous children will its virtues be manifested. The same effect may often be produced by *bell.* 1x and *mercurius sol.*, or *biniod* 8x, given alternately. The more scrofulous the subject, and the more decided the general prostration, with tendency to paresis of the contiguous muscles, the greater the indication for giving *baryta*. Swelling of tongue, salivation, foetid breath, and accompanying ulcers, point to *mercurius*. Should suppuration occur then *hepar s.* 2x or 3x is our most useful remedy, and will expedite the maturation of the abscess. As accessory means we may recommend, in the early stages of the disease, sucking small pieces of ice, or later, when matter is forming, steaming the throat and applying linseed meal poultices. If the abscess shows signs

of pointing, great relief may be afforded by puncturing with a guarded bistoury.

8. Exudative tonsilitis, sometimes called diphtheritic sore-throat, is due to blood-poisoning, the result of insanitary conditions. When in practice at Devizes I met with it frequently in a family. I urged the overhauling of the drains which was thoroughly done, still the same disease recurred; I expressed the belief that there must be some sanitary defect. Some time after my patient bought the adjoining house, and in making alterations found the drains in the most unsatisfactory condition. Since these have been rectified there has been no recurrence of the disease. The symptoms are similar to those of quinsy with the additions of the usual signs of blood-poisoning—rapid pulse, high fever, great general prostration and very foetid breath. On the tonsils may be seen whitish patches of exudation, which might cause the disease to be mistaken for true diphtheria. But the exudation is thinner, not organised like that of diphtheria. There is no albuminuria or subsequent paralysis and the cases do not terminate fatally.

The principal remedy is *mercurius*, especially the *cyanide*. I usually prescribe 12x. A gargle of Condy's fluid and water, or a spray with sulphurous acid, should be used frequently, at the same time the patient should be well sustained by light nutritious diet with port wine.

The most common chronic affection of the tonsils is hypertrophy. It may be due to repeated attacks of inflammation, specially in adults. But often in children it appears to be inherited with a scrofulous constitution, and shows itself as early as the second or third year. Usually both tonsils are affected, though frequently we find one is larger than the other. If very large it affects the voice, and by pressing on the mouths of the eustachian tubes may cause deafness or noises in the ear. It is probable, however, that some of the cases of deafness which are ascribed to enlargement of the tonsils, are due more to post nasal growths, which are frequently the result of the same constitutional condition, but are less readily detected. Some have supposed that enlargement of the tonsils may lead to distortion of the chest and atrophy of the respiratory muscles. This is called in question by Vogel, in his diseases of children, and I can scarcely believe such to be the case, except where the tonsils are so large as almost to meet and fill up the breath way. These deformities no doubt often accompany the disease under consideration, and are likewise the expression of the same strumous diathesis. There is no pain, the tone of the voice is altered, the sleep is disturbed with dreams, and the patient sleeps with mouth open

and snores. Such patients are very liable to throat affections on taking cold, or during scarlet fever. They tend to diminish in size toward puberty.

Treatment.—If the disease be of comparatively recent origin, the result of former attacks of tonsilitis, *merc. biniod. 8x*, *calc.*, *phos.*, or *iod. 8x*, *phytol. 2x*, *sil. 6x*, or *baryta iod. 8x*, with intercurrent courses of *sulph.*, will suffice, with a liberal diet of milk, eggs and meat, with cod-liver oil to cure the affection. The use of these means will be augmented by residence on dry soil, at a tolerably high altitude, or at the sea-side. It will be well also to examine the mouth to discover if there be any local irritant in the way of decayed teeth, which, if present, should be removed. Topically, we may use *tinct. iod.* with glycerine or *liq. sodæ chlor.* I have also seen good results from the employment of an ointment of the *biniod. mercury*, one third of the *ung. hydrarg. iod. rub.*, *P. B.*, with two-thirds of lanoline and benzoated lard. I recommend this to be rubbed in for ten minutes every morning, and some plain olive oil to be rubbed in for the same time in the evening, with a view to obtaining the good effect of the rubbing. But if the hypertrophy be a part of an inherited strumous diathesis or of long-standing, medical treatment will effect but little, while it will incur unnecessary expense and loss of time. Here the question of ablation may be raised. I hold, however, that this is usually undesirable, especially in children before puberty, and should be only undertaken when the size of the tonsils is so large as to interfere with swallowing, or to impede the ingress of the proper amount of air to the lungs, and thereby affect injuriously the general health, or produce deformity of the chest walls. Only in such cases, and after the failure of other means, would I recommend excision.

The most effectual treatment with which I am acquainted for reducing the size of enlarged tonsils, is that recommended some years ago by Sir M. Mackenzie. It consists in the application to the tonsils of a caustic called London Paste. It is composed of equal parts of caustic soda and unslaked lime, rubbed together in a warm mortar. It should be sifted and kept in the form of a powder, in a well stoppered bottle. When required for use, a little is mixed with a drop of water to form a thick paste; this is applied to the surface of the tonsil, after drying it with cotton wool, it is allowed to remain in contact with the part for about a minute, or as long as the patient can bear it; when a dark discolouration of the tissues is produced. Then before the patient is allowed to swallow, the remainder is washed off with a small pad of cotton-wool, saturated with dilute acetic acid; after which the patient is allowed to gargle with warm water. This application should



be repeated about every fourth day for from eight to twelve times, after which the size of the gland will be considerably reduced, and the reduction will continue to some extent after the discontinuance of the treatment. It will also be frequently found that the opposite tonsil will at the same time diminish in size, as much or even more than the one to which the application has been made. One advantage of this treatment is, that it appears to harden the throat, and removes the existing tendency to the recurrence of frequent attacks of inflammation. It cannot well be carried out with very young children on account of their inability to gargle.

Another mode of treatment which has been recommended is piercing the enlarged gland in two or three places with the point of the galvano-cautery. I have as yet had no personal experience of this plan, but consider it to be worthy of trial.

The prominence lately given to the treatment of uterine fibroids by electrolysis leads me to suggest the adoption of this form of electricity for the reduction of hypertrophied tonsils. I am at present making trial of it with apparently good result. The first case in which I applied this treatment was that of a young woman, teacher in a school, æt 17, in whom the tonsils were so large as almost to meet in the mesial line accompanied with marked deafness which she feared would incapacitate her from following her calling. I had already made three or four applications with the paste, with the result of partially reducing the size of the glands but without affecting the deafness. I therefore determined to try electrolysis. I passed a needle connected with the negative pole into the gland in several places, and used the current from about 20 Leclanché cells, applying the positive electrode to the outside of the throat, opposite the region of the tonsil; this was done on both sides. The following week she returned saying that her deafness was cured, though the size of the tonsils was not very materially affected. I repeated the application, but have not seen the patient again. In other cases still under treatment I believe it is producing good results, but at present my experience of its use is too limited to allow me to do more than commend it to your consideration for further trial.

#### DISCUSSION.

Dr. FALLON said that he had found the method of prescribing according to the symptoms and giving a few doses of the indicated remedy in a high dilution much more satisfactory in quinsy than the routine practice into which he had formerly fallen of always giving *hepar sulph.* 2x or 8x to promote suppuration. In giving such remedies as *belladonna* 200 in right sided inflammation, with flushed face and



glistening eyes, and *lachesis* 200 in left sided cases extending to the right or *lycopod.* 200 for the opposite condition, from right to left (other symptoms bearing them out), resolution generally took place without suppuration. He mentioned the case of a young lady in which *phytolacca* had turned the scale in a few hours, and was followed by a quick recovery. In hypertrophy, Dr. Fallon had used Dr. G. Moore's method of applying *caustic paste*. In two members of one family, aged 14 and 17, with tonsils meeting and frequent attacks of inflammation, thirty applications resulted in complete immunity from sore throat for at least three years. In another case of a child, aged 4, who, in addition to sore throat, had repeated attacks of bronchitis, a dozen applications reduced the tonsils to almost the normal size, the bronchitis ceased, and a general improvement in health followed.

Dr. PERCY WILDE mentioned the case of a child whose tonsil was removed and grew again shortly afterwards. This was due to inherited rheumatism or gout, and the enlargement soon subsided on a change of diet with abstinence from meat and beef tea. In other cases he had found symptoms of heart and throat alternate, and in these cases also it was most important to regulate the diet.

Dr. HARDY had found quinsy, like rheumatism, prevalent in cold and damp weather and often accompanied by rheumatic symptoms—to witness the intense aching of back and limbs at the commencement. *Guaiacum*, *salicin*, *phytolacca* and *aconite* were the best remedies. *Guaiacum* alone would cure most cases of acute tonsillitis speedily, and he was accustomed to rely on this drug. *Salycilate of soda* was also an excellent remedy, and angina and fever were both found in the proving. For topical application he recommended painting with *tr. iodi.* (P.B.) at the commencement of acute cases.

Dr. S. MORGAN had sometimes found *sulphurous acid* spray successful in abating an inflammatory attack.

Dr. WILLIAMS also praised *sulphurous acid* locally and *baryta* internally.

Dr. ALEXANDER said the enlargement of tonsils in strumous cases was soft and red, depending on simple exudation, and was quickly cured by *merc. corr.* It was often accompanied by post nasal growth. In adults the swelling was hard or scirrhus, and due to repeated attacks of quinsy. Excision was the best remedy for this, and it was also necessary for hypertrophy in children when the disease resisted such remedies as *calc. phos.* and *baryta carb.*

### MEDICAL REFORM UNION.

THE first annual meeting of the members of this association was held on the 10th May, Dr. Dyce Brown in the chair. The minutes of the last meeting were read and confirmed. The secretary then presented to the meeting the articles of association, statement of principle and rules as revised by the executive committee. A few verbal alterations were made. Dr. Hughes moved and Dr. Harper seconded the adoption of the revision, which was carried *nem. con.*

The officers were then elected (the President and Vice-President by ballot) with the following result. President, Dr. Hughes; Vice-President, Dr. Dyce Brown; Council, Drs. Pope, Harper, Bryce, Tuckey, Pullar, Süß-Hahnemann, Robert Reed, Alexander Jagielski, Williams, Frank Nankivell, Stonham, Hayle, Roberson Day, Greig, Jno. Wilde, Stopford and Murray, and the *ex officio* members. The Executive Committee, Dr. Pope, Dr. Harper, Dr. Tuckey, Dr. Roberson Day, and the *ex officio* members. Secretaries, Dr. Percy Wilde, Mr. Knox Shaw and Dr. E. A. Neatby.

The Secretaries were requested to forward a copy of the revised articles, rules, etc., as accepted at this meeting to all those who had not responded to the original circular. The next meeting was fixed for July 5th, 1888.

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### REPORT OF THE THIRTY-EIGHTH ANNUAL GENERAL MEETING OF THE SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THIS meeting took place in the board room of the hospital on Monday, April 30th, the President, Lord Ebury, occupying the chair. Among those present were Major Vaughan Morgan (Treasurer and Chairman), Mr. Cameron, Dr. Yeldham, Col. Clifton Brown, Mr. A. Ridley Bax, Mr. Alan E. Chambré, Mr. Wm. Debenham, Dr. Dudgeon, Dr. Moir, Dr. Clarke, Dr. Blackley, Dr. Wm. Scott, Dr. Bradshaw, &c., and some of the lady supporters of the hospital.

The SECRETARY (Mr. G. A. Cross) having read the notice convening the meeting, and the minutes of the annual general meeting, on April 30th, 1887, which were confirmed and signed,

The PRESIDENT (Lord Ebury) opened the proceedings by prayer.

The SECRETARY then read the report for the year ended March 31st, 1888.

This document stated that the progressive increase in the number of patients treated had been maintained; the demand

for the nurses trained in the hospital had also been fairly sustained; the income had not decreased, and the general activity of the Institution in the various phases of its work had been greater than in any previous year.

“On a recent inspection of the hospital by two members of its Medical Council, Dr. Dyce Brown and Dr. Burwood, those gentlemen reported, ‘We found that in all the wards everything that concerned the nursing, the comfort and the wellbeing of the patients was perfect. The in-patients seemed happy, and although enquiries were made in each ward there was no complaint on the part of any of the patients.’

“The increased number of patients has during the year under review been maintained. But for the temporary closing of a ward with a view to decrease the expenditure, a much higher total than in any previous year would have been recorded. The number of in-patients has been 712, the highest total yet reached. The following table shows the progressive increase of in-patients during the past six years:—

	1882-3	1883-4	1884-5	1885-6	1886-7	1887-8
In-Patients	487	548	656	675	711	712

“The number of out-patients has been 8,882 against 8,824 in the previous year.

	1882-3	1883-4	1884-5	1885-6	1886-7	1887-8
Out-Patients	7,467	8,404	9,007	8,844	8,824	8,882

“The increase in 1884-5 was due to special and temporary causes.”

After referring to the deficit announced in the last report and its causes, that before us says:—

“The present year, as was anticipated, has again shown a deficit, which, added to that of last year, has made a serious balance against the hospital. The current income has been £4,514 14s. 8d.; the current expenditure £4,868 6s. 8d. The deficit has been temporarily met by the expenditure of funds which, under the laws, belong properly to the Reserve Fund, a proceeding which the Board cannot regard as in accordance with sound financial principles.

“The increase in expenditure and consequent deficit has naturally caused the Board some anxiety. Last year a special Committee was appointed to enquire into the nature and causes of the increase. That Committee was, on the whole, of opinion that the increase was such as reasonably and fairly followed the increase of persons maintained, and the general development of the hospital. On the near approach of a second deficit, however, the Board appointed a Committee in the latter part of 1887 to enquire whether some absolute reduction could not be achieved without

seriously lessening the general efficiency, and this Committee, while feeling with the former, the extreme undesirability of doing anything to throw the hospital behind other metropolitan hospitals, but urged by the necessity of bringing the expenditure more nearly to a level with the income, was able to offer some recommendations which, being adopted by the Board, have already made an appreciable difference in the expenditure of the last quarter, and will, it is hoped, reduce the existing deficit in the course of the ensuing year. Meanwhile, the Board have felt compelled, during the later months of the year under review, to close one of the wards, a measure by no means desirable in view of the increasing number of applications for treatment.

“ The award to the hospital from the Metropolitan Hospital Sunday Fund for the year again shows an increase, being £208 2s. 6d., against £197 18s. 4d. last year; that of the Hospital Saturday Fund also shows an increase, being for the year under review, £94 8s. 10d., against £82 4s. 5d. last year, £75 10s. in 1885-6, and £51 9s. 7d. in 1884-5.

“ The only legacy received during the year has been that of the late Mr. John Merrit, amounting to £642 15s. 2d. Other legacies have, however, been reported, notably £1,000 bequeathed by the late Mrs. Mary Ann Hale, of Thornton Heath, and £100 by the late Miss Louisa Eliza Harrison. Various other legacies of unspecified amounts have also been reported.

“ Every year the Board have the pleasing duty of reporting some gratifying addition to the ‘Endowed’ and ‘In Memoriam’ beds. Miss Isabella Barton has endowed a cot in the Barton Ward, in memory of the late Mr. Nathaniel Barton, for many years treasurer of the hospital, and one of the best friends it has ever had. The same lady has also expressed her intention to endow annually another cot.

“ A new annual endowment has been originated by the President of the British Homœopathic Congress, for 1887—Dr. A. C. Clifton, of Northampton—who, presiding at the Congress held in Liverpool in September last, conceived the graceful idea of signalling his year of office by contributions collected from his friends in aid of the hospital. Enough being subscribed to justify the Board in establishing for the current year a special bed, it has been instituted under the name of the ‘British Homœopathic Congress’ Bed, and the Board sincerely hope that future Presidents of the Annual Congress will maintain it for their year of office by similar contributions from their patients and friends.

“ A Convalescent Home, desired for so many years, and

made possible, as stated in the last Report, by the munificence of Mrs. Clifton Brown, has become an accomplished fact, so far as the establishment of the Home, and the partial provision of its annual income are concerned. A suitable house has been purchased at Eastbourne, a sufficient sum of money is in hand to equip and furnish it, and all that is necessary is such an increase of annual subscriptions as will keep it in operation without debt. It has been established as a separate institution; the Board of Management of the hospital has accepted a similar control of the home, and an influential Committee has been organised at Eastbourne. Dr. Walter has accepted the post of honorary consulting physician, Dr. A. H. Croucher that of physician and surgeon, and although some local difficulties have been suggested, the Board still hope that an early day may see the commencement of its actual work.

“The concert given on behalf of the convalescent home at Grosvenor House, on May 28th last, by the kind permission of the Duke of Westminster, was one of the most successful efforts of the kind ever made by the hospital, and added considerably to the fund being raised for providing and furnishing the home.”

The average number of nurses employed in out-nursing duty has been less than that of last year, though higher than the yearly averages of previous years. The demand for nurses is largely dependent on the mindfulness of the medical profession, and the Board urge upon those practising homœopathy the great advantage the Nursing Institute offers to them of nurses trained in the wards of the homœopathic hospital. They also ask all supporters and friends of the hospital to bear in mind, when cases of sickness come under their notice, that a large staff of nurses have been trained expressly for private nursing; among whom are some trained in suitable institutions especially for accouchement cases. No greater service could be rendered to a sick friend than a timely hint of this kind.

After a reference to the constitution of the Board, an expression of regret at the death of Dr. Hale, a record of the changes in and addition to the medical staff, an acknowledgment of the services of the solicitor, architect, chemists, lady visitors and medical staff, the following notice of the *Odium Medicum* discussion is given.

“Most of the friends of the hospital have been aware of a valuable and interesting controversy which took place in the columns of the *Times* during the month of January. It had little relation to the hospital, except in so far as the returns of work done in the institution were alluded to, but its im-

portance to the homœopathic body is too great to allow the Board to lose the opportunity of saying what great service has been rendered to the homœopathic cause and to the hospital by the public interest it excited. To the hospital it produced the immediate advantage of the acceptance by Lord Grimthorpe of the position of Vice-President of the hospital, and the receipt from his lordship of a donation of £100, part for the hospital and part for the convalescent home. It has also had the effect of sending medical enquirers to the hospital to examine the treatment of diseases in the wards."

The opportunities presented by the hospital for the study of homœopathy are then alluded to, as also are Dr. Dudgeon's Hahnemann Oration and the "usual arrangements" of the "school department." We further learn that "the library of the Medical School has been enriched by the welcome addition of the library of the late Dr. William Bayes."

The succeeding passage is one of considerable interest, and suggests the question: What will be done with it?

"The Board cannot refrain from including in this report for the information of all friends of the hospital some allusion to a legacy left by the late Mrs. Elizabeth Honyman Gillespie, of Torbanehill, widow of the late Mr. William Gillespie, although the legacy was not left to the hospital nor even to the school, but for purposes of homœopathic medical education generally. That lady has left a sum of at least £80,000 to establish, endow or contribute to the establishment or endowment of a school of medicine in the United Kingdom which shall be associated with the name of the late William Gillespie, and which shall embrace the teaching of homœopathy and other new and useful medical discoveries."

Lord EBURY, in moving the adoption of the Annual Report, referred to the great number of opportunities he had had of moving year after year the same resolution. It was fitting that he should do so, as, under Providence, homœopathy had helped to extend his life to its eighty-eighth year, and he had the honour to have been born in the same month of the year as Hahnemann. It had been said that if a man's life extended beyond a certain term, it was but "labour and sorrow," but he was thankful to say that he had not felt that much labour and sorrow had fallen to his share. (Cheers.) When he was asked to take the chair at that meeting as usual, he had, in replying, requested that his honourable and gallant friend Major Vaughan Morgan should undertake the duty of commenting on the Annual Report, although, had he felt equal to it, it would have given him great pleasure to fulfil that pleasing duty himself, as in former years. He would only remark that he was sorry there was a deficit instead of a balance, and

hoped the ensuing year would see it disappear. He proposed the adoption of the Report, and called upon Major Vaughan Morgan to second the motion.

Major VAUGHAN MORGAN said: My lord, it is, I can assure you, most gratifying to us to see you present, and we sincerely congratulate ourselves on your presence in the chair. (Cheers.) We all hope that you will preside at our annual meetings for many years to come. (Cheers.) We have listened to-day to a very full report. Our reports are mostly very full, but those who take an interest in what I may call the politics of the hospital know that the year just gone has been a most busy year for homœopathy and this hospital. So far as homœopathy itself is concerned, there has been good progress. The long desired convalescent home has been established. In conjunction with our friend Colonel Clifton Brown, I went to Eastbourne, and fortunately found a most suitable house. I need not tell you that while the result is very pleasant to relate, the establishment of a convalescent home is a matter entailing much anxiety and labour on all concerned. There are, moreover, some little difficulties to be overcome with the neighbouring tenants and the ground landlord. However, we hope all may turn out well. Then, since the end of the finance year dealt with in the report, we have had a concert at St. James's Hall, and although it was on a desperately bad night, keeping away many who deferred taking tickets till the last moment, yet the hall was well filled, and everyone was perfectly delighted with the concert. The net result, after making due allowances, will be about £200. I may say that the origin of the concert was the offer of Madame Nordica to sing at a concert for the hospital. Then, as we knew that Mr. Sims Reeves, Miss Hope Glenn, and, in fact, nearly all the most eminent musical artistes were favourable to homœopathy—(cheers)—we decided to have the concert. Otherwise we should hardly have been tempted, for only those who have been behind the scenes know the immense trouble and labour involved in organising and carrying to the point of success such a concert as we had the other night. And one of the difficulties is this—that the cost of advertising and arranging one concert is very little less than would suffice for organising a series. Now, in connection with another hospital there has been organised during the past few years a series of Cinderella dances, and I am assured that, the first expense having been overcome, the cost of future seasons is very small in comparison; and if proper support should be forthcoming from the younger friends of the hospital, we are not at present indisposed to consider the idea of having a series of Cinderellas in aid of our hospital.



One other point I should like to touch upon. Some years since we started some beds to be specially maintained by special annual subscriptions. There were two adult beds to be maintained respectively by ladies and gentlemen; there were two children's cots to be maintained respectively by boys and girls. The total amount requisite annually is only £120, but of that total we are now getting no more than £100. I would earnestly appeal to all our friends not to let the subscriptions of those interesting beds go down. Some we must lose in the ordinary course of nature, but I hope that new friends or increased subscriptions will prevent the hospital supporting these beds at a loss. A lady has just written to suggest that collecting boxes in the doctors' consulting rooms might bring many donations to the hospital. We tried that for many years, but are not able to be very enthusiastic about the result. Still, if anyone would like a collecting box, Mr. Cross is always ready to attend to the matter. Before I sit down I will say, as treasurer, that although, as the Report points out, we have a deficit on a deficit, yet that for the last year, in fact the two together, are very small as compared with the enormous debts which encumber hospitals that are not homœopathic, and that on the whole we look to the work of the future with a great degree of confident hope. (Cheers.) I have great pleasure in seconding the motion.

The resolution was then put and carried unanimously.

Dr. YELDHAM moved a vote of thanks to the Board of Management, the Treasurer and Chairman, the Sub-Treasurer, the House Committee, the Medical Staff, the Lady Visitors, the Honorary Solicitor, the Honorary Architect and the Honorary Chemists.

Mr. CAMERON cordially seconded the motion.

The motion was carried, and acknowledged by Dr. BLACKLEY.

Mr. DEBENHAM then proposed the re-election of those members of the Board who retire by rotation (Mr. Pite, Mr. Slater, General Beynon, Captain Davies, Mr. Rosher, Mr. Harding, Mr. Collins, Mr. Burdon Muller), and the election of a new member of the Board, Mr. Charles Fish. In proposing this motion, he would simply say that the Board gave great attention to the work of the hospital, and spared no pains to make it efficient, economical and progressive.

Colonel CLIFTON BROWN seconded the motion, which was carried unanimously.

Dr. DUDGEON then proposed the re-election of the Medical Staff and the confirmation of the appointment of Dr. Neatby.

Mr. A. RIDLEY BAX seconded, and the motion was carried.

Mr. CHAMBRE proposed the re-election of the President, the Vice-Presidents, with the addition of Lord Grimthorpe, and Treasurer, and in doing so said: If all our subscribers and donors were here present filling, nay, more than filling, this room—and I sincerely wish that such was the case—would not their acclamations make the walls resound again, as I trust they will, though necessarily in a minor degree now, by their plaudits when I move that our noble Chairman be re-elected to the post which he accepted after twenty years or more filling with dignity and so admirably that of Chairman of the Board of Management. (Loud applause). You will, I know, re-echo the sentiment when I say may it please the Almighty to spare his life for many years yet to preside over our annual meetings with that nobility of presence, urbanity and courtesy, which so distinguish him, and which make his presence amongst us so welcome. (Renewed applause). Then passing over, as needing no word of recommendation from me, the re-election of our valued Vice-Presidents, I come to the mainstay of our institution—our Treasurer. No words of mine are needed to rouse your enthusiasm afresh—(applause)—and I take leave but to add that I fervently trust it may never be my sad lot to witness the day when he will cease to fill that honourable post, as well as to give his invaluable services as chairman of the Board; for what, indeed, would be the London Homœopathic Hospital without his guiding hand and generous spirit? Re-elect him! Yes, with acclamation. (Great applause). Now, one final word: I let out no secret of the prison-house when I say that I had the pleasure of proposing at the Board that Lord Grimthorpe, whom you are asked by the resolution to confirm as a Vice-President, should be asked to accept that distinguished position, and I am truly glad that he thought fit to accept it; none of us will forget the valuable aid and countenance he gave to the good cause in the now famous *Oidium Medicum* controversy.

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## NOTABILIA.

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### FAREWELL DINNER TO DR. ROTH.

AFTER forty years of hard work in the practice of medicine, Dr. Roth is about to retire from the active duties of his profession. Arriving in London as a political refugee, with no other capital than a well stocked brain, indomitable energy and an earnest desire to be useful, Dr. Roth, after a successful professional career, surrounded by a host of friends, with a well earned reputation as a physician, a scholar and a philanthro-

pist leaves us to enjoy the repose of a learned leisure at his beautifully situated villa in the little town of Divonne in the South of France. While no one who has enjoyed the pleasure of his friendship can witness his departure without regret, so no one would willingly see him make that departure without an opportunity of bidding him farewell, and of wishing him all that health and happiness can secure to him for many years to come. Hence it has been determined to invite Dr. Roth to a farewell dinner which will be held at the Criterion, Piccadilly, on Wednesday, the 20th inst., at 7 o'clock in the evening, when we trust that the gathering will be such as to represent, in some measure, the very high esteem in which he is, has long been, and ever will be held by his professional brethren in England. Dr. C. L. Tuckey, 14, Green Street, Grosvenor Square, has undertaken the duties of Honorary Secretary, and will give intending visitors all the information they may require.

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#### THE THERAPEUTICAL SOCIETY.

A PAPER on the *Aims and Objects of the Therapeutical Society* was read before the Gloucestershire branch of the British Medical Association, at a meeting held at Cheltenham on the 15th inst. by Dr. Percy Wilde, of Bath, who attended the meeting as a guest. This paper, which we hope to publish in our next issue, gave rise to a discussion on the question of the homœopathic school, which was noteworthy if only on account of the courtesy and good feeling with which it was conducted. The view generally expressed was that providing the Therapeutical Society could be placed on a strictly impartial basis, it was calculated to be of great service to the profession.

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#### “THE GREAT RESULTS OF THE ALLOPATHIC TREATMENT OF HYPERPYREXIA.”—(*Lancet*.)

THE great disadvantage of the recently introduced antipyretic drugs—such as *kairin*, *thallin*, *antipyrin*, and *antifebrin*—is that they all tend to produce collapse as well as reduce fever, and that they are liable to disorder the stomach and digestion, causing loss of appetite, nausea, and vomiting—disadvantages which, occurring in a prolonged febrile attack, may be of very serious import. *Kairin* has practically disappeared from medical practice; and the results of recent trials with *thallin* have already been considered. Of all the antipyretics of the class under consideration yet introduced, *antipyrin* is, according to all evidence, the safest.—*British Medical Journal*, December 31st, 1887.

## PROFESSOR S. O. L. POTTER, M.D.

LAST year, when reviewing Dr. Lauder Brunton's *Explanation*, we referred to Dr. Potter, the author of the book from which Dr. Brunton stated that he had derived the material for his *Index of Diseases and Remedies*. Dr. Potter objected to our account of his professional career, and indited a long letter to *The Lancet* to set himself right with his "relatives and friends in England." This letter was mentioned therein at the time in a paragraph, but not published. But during the *Odium medicum* controversy, every weapon, however frail or impotent, was needed to, if possible, rebut the damaging onslaughts initiated by Lord Grimthorpe; so, at last, on the 28th January, this letter appeared. We did not notice it then, thinking it best to wait until our medical friends in Philadelphia, who were intimately acquainted with Dr. Potter, had replied. The answer to him was conveyed in *An Open Letter*, by Dr. Pemberton Dudley, in the *Hahnemannian Monthly* for March. This journal we received unusually late, while our May number being full, and so long an interval having elapsed since the appearance of Dr. Potter's *Lancet* letter, we did not think it necessary to re-open a matter of little or no importance. The chief charge made against homœopathic physicians in the United States was that "ninety-nine out of every hundred so-called homœopathic physicians are in the habit of resorting to regular therapeutics whenever there was any active therapy to be done." Assuming that by "regular therapeutics," Dr. Potter meant the empiricism taught in the schools as "rational medicine," we knew, and Dr. Potter knew when he wrote, that this assertion was false and libellous. So manifestly false was it that we did not consider it worth noticing. Neither should we have alluded to it again but that a few days ago we accidentally fell in with another "open letter," published in the *St. Louis Clinical Review* in 1878, and reprinted in our *Review*, vol. xxiii, p. 118. This time the author of the "open letter" is Dr. Potter, and the gentleman to whom it is addressed is Dr. Bartholow! A comparison of these two letters is both amusing and instructive.

In his letter to the *Lancet*, Dr. Potter says: "I never was in practice as a homœopath. I abandoned homœopathy before entering into practice." Again—"About the time when I had decided to abandon the Hahnemannian philosophy, I had the pleasure of entering into some literary correspondence with Dr. Roberts Bartholow, and yielding to his urgent advice I entered Jefferson Medical College . \* \* \* Since my graduation from that school I have had no association or connection whatever with homœopathy."

Now, in the letter addressed in 1878 to the gentleman with whom two or three years later he had the pleasure of entering into some literary correspondence, he says that in 1876 he bought his "valuable text book." He studied it "carefully and systematically in order to ascertain if modern research has found any straight or sure path through the hitherto tangled maze of therapeutical science." At this time he says that he could not make up his mind to fully accept the homœopathic doctrine (or any other) as the guide of his professional career. Dr. Bartholow's book, however, removed all his "doubt and irresolution," and he writes to show to others how the darkness was dispelled and his "therapeutical gaze fixed upon the light of truth."

He then examines the article on *aconite*, and, after quoting Dr. Bartholow's statement that *aconite* "is used by these quacks (homœopaths) which will produce manifest effects in small doses that may be easily disguised," he goes on to show that it is clearly homœopathic to the febrile condition in which it is prescribed, and adds: "What a liar the renowned Liston must have been when he acknowledged our debt to Hahnemann for this drug, &c."

Dr. Bartholow's chapters on *belladonna*, *arsenic* and sundry other drugs are quoted to prove that the uses of them, advised by him, are purely and obviously homœopathic! He then writes of his "astonishment at such rank homœopathy ('quackery' you call it) from your pen," and proceeds to cite a number of other illustrations of Bartholow's "rank homœopathy," concluding by saying: "I am satisfied with your proofs of the law of *similia*, and would earnestly recommend all weak-kneed homœopaths to take a few small doses of your teachings, which will, I am confident, prove to every impartial mind that *similia similibus curentur*, even though they may likewise create a suspicion as to the honesty of your teachings and practice."

The writer of this is a medical man who says that he "never was in practice as a homœopath!" In the *Hahnemannian Monthly* for September, 1880, at page 580, Dr. Potter writes: "During the years from 1862 to 1878 I have been a practitioner of homœopathy more or less." In the same paper, at p. 582, he incidentally states that "a young man has just gone, whom I have consented to take as a student of medicine." If not a practitioner of medicine, how could he take a pupil?

In the *Lancet* letter he says that he "abandoned homœopathy before entering into practice because my observation of the reception by homœopaths . . . of Dr. Sherman's work in the 'Milwaukee test' of 1879 proved to me that no crucial drug

experimentation, conducted under scientific safeguards, could meet with any degree of appreciation from the majority of that sect." As matters of fact, Dr. Potter was the chairman of a committee which published a report giving the names of forty-four supporters and seventeen opponents of that test. It also mentioned a resolution in favour of it passed by the New York State Homœopathic Society, and two homœopathic journals that were warm supporters of it. One of the gentlemen who supported the "test" was shortly afterwards unanimously elected to the Presidency of the American Institute of Homœopathy.

Much more evidence might be adduced to prove that this Dr. S. O. Potter is a thoroughly unreliable person. Like most persons who endeavour to defend themselves with falsehoods, he either has a weak memory or trusts to not being found out, or to no one having sufficient interest in what he states to show how false his assertions are.

This is the man who is described by the *Lancet* as a "damaging authority." And so he is—but it is the party the *Lancet* represents that he damages most seriously. That any statement he can ever make is likely to injure or to benefit the homœopathic or any other practitioners of the United States is a sheer impossibility. To rank as an authority a man must have a reputation for truthfulness and not have rendered himself notorious for his utter disregard for truth.

### TUNBRIDGE WELLS.

THE sanitary condition of popular health resorts is always a matter of interest, and becomes increasingly so as the holiday season approaches.

The report recently presented to the Tunbridge Wells Local Board of Commissioners by the Medical Officer of Health, Mr. W. STAMFORD, of the sanitary state of the town during the past year is one of the most satisfactory documents of its kind that we have seen. The following extracts from it give the facts from which an estimate of Tunbridge Wells as a health resort may be formed:—

"There were 362 deaths from all causes during the year, being 21 less than the number registered in 1886, notwithstanding an estimated increase of 400 in the number of people resident in the district, which is now, following the method adopted by the Registrar General, set down at 26,984.

"This gives a death-rate of 18.4 per 1,000 of the inhabitants, as against the low rate of last year, when 14.4 was recorded.

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“Of the deaths registered during the year, 86 occurred in the General Hospital, and of this number 19 took place in the case of persons brought to the General Hospital from surrounding places not within the Local Act District. After deducting 19 from the total number of deaths, I find the death-rate which naturally obtained among the inhabitants of the district proper, was 12·7.

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“In the zymotic class I have to report that only 13 deaths have been registered during the year, as against 20 in 1886, 21 in 1885, 37 in 1884, and 36 in 1883. The remarkable and continued improvement is so evident that I need hardly allude further to it. It will be seen that our loss from zymotic diseases during the year is about one-third of what it was about five years ago.

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“The death-rate per 1,000 of the estimated population, resulting from these preventible diseases, is now so low as 0·4, and I think I am warranted in saying that for a town of nearly 30,000 inhabitants to suffer so lightly in this way, is not only unusual but phenomenal; and when we consider the near proximity of London and other large towns, where scarlet fever has been epidemic, and the fact that towns in the North and Midlands have suffered severely from small-pox, it is with gratefulness that we should recognise our almost perfect freedom from contagious and infectious diseases.”

Mr. Stamford concludes his very gratifying report with the following reflections:—

“When I consider the period of drought through which we have passed, and which proved so disastrous in causing the spread of infectious diseases in some other places, I feel that a time of peril to the community has been safely tided over, and I attribute the healthy state of the district throughout the year to the abundance and extreme purity of the water supply, the thoroughness of the attention given to the detailed duties of the sanitary department, the efficient watering and cleansing of streets, the flushing of sewers, and the means of isolation of cases of infectious disease at the Sanatorium.”

Few if any towns in England—and not one on the Continent—to which convalescents and those in search of rest and recreation resort, are in a position enabling them to produce so satisfactory a record of the health of their inhabitants, or to show so complete a state of efficiency in the measures necessary to maintain their high standard of health as is Tunbridge Wells.



## ACUTE QUININE POISONING.

DR. L. ROSENBUSCH, of Lemberg, in a recent number of the *Przegląd Lekarski*, reports a case of acute quinine poisoning, which he had observed in the hospital of that city. After the administration of a gramme of the *sulphate of quinine*, the patient was attacked with shivering, tinnitus aurium, severe headache, cold and pains in the extremities, palpitations, and vomiting, with great prostration. An hour later the patient became unconscious, the temperature rose to 39.7° C. (103.4 F.), the pulse was 158 and compressible, the pupils contracted, but reacting to light, the tongue dry. The skin of the face and the whole body presented a uniform redness, resembling that of scarlet fever, and composed of many small confluent patches. The likeness to scarlet fever eruption was the more striking as the neck and the thighs were very deeply coloured. Respiration was difficult. *Castor-oil*, *caffein*, and cold compresses to the head and the cardiac region were ordered. On the following day the temperature was only 36.5 C. (97.7 F.), the pulse 108, with considerable arterial tension. The patient had a restless night and was delirious; the bowels acted towards the morning, the rash became paler, the pupils regained their normal size, the tongue became red and coated with yellow patches. Sensations of tearing and trembling in the extremities were complained of. *Bromide of sodium* was given. The rash and all the other symptoms just described disappeared in two days, and only a slight pigmentation of the skin remained. The patient had stated that, five years ago, he had a similar attack after taking two powders, each containing half a gramme of *sulphate of quinine*. On that occasion the rash disappeared the next day. Dr. Rosenbusch points out that this case is specially interesting by reason of the high temperature (39.7° C., 103.4 F.), which had never before exceeded 38.7° C. (101.6 F.); also on account of the great resemblance of the rash to that of scarlet fever, from which at first it could hardly be distinguished. The absence of throat symptoms and the sudden occurrence of a diffuse and uniform blush over the whole body were the chief features which differentiated the affection from scarlet fever.—*British Med. Jl.*, May 5th.

## HAHNEMANN HOSPITAL, LIVERPOOL.

WE understand that Dr. J. R. Clements has been appointed resident medical officer of this institution in succession to Dr. Wills, who has joined Dr. Percy Wilde at Bath.

### ARSENIC AND CANCER.

At a meeting of the Pathological Society in December last, Dr. Jonathan Hutchinson made a communication on arsenical cancer, of which the following abstract appeared in the *British Medical Journal* on the ensuing Saturday:—

*Arsenic Cancer.*—“Mr. Jonathan Hutchinson, F.R.S., desired to make the proposition that the internal administration of *arsenic* in large doses over long periods might produce a form of cancer which was of the epithelial variety, but presented certain peculiarities. He showed a drawing of the foot of a gentleman who had taken *arsenic* for psoriasis for many years; a corn on the sole of the foot ulcerated, and at first had the appearance of perforating ulcer. Perfect immobility was not followed by any improvement. The palms of the hands also became affected, small corns developing. The growth in the foot was excised, and the patient recovered. The patient was now under the care of Professor Chiene; the microscopical examination was inconclusive. He also showed drawings of the hands of an American physician who had taken *arsenic* for long periods in considerable doses. A rough condition of the palms and soles developed, though the psoriasis was cured. These early growths in these cases he observed, parenthetically, were corns not warts, and the growths were never papillary. This patient then got on the front of the wrist of the left hand a growth in the subcutaneous tissue, the other hand also became affected; the growths perforated the skin and fungated; they had the appearance of a syphilitic lesion, but the patient had never had that disease. The growths were scraped away and also excised; microscopical examination was again at first inconclusive, but the opinion finally leaned to the view that the disease was cancer. The patient then came to Europe, and in deference to the opinion of several surgeons, antisiphilitic remedies were fairly tried, but gave no result. Both hands were amputated; the patient died eighteen months later. Nodules of epithelial cancer were found in the axillary glands on the left side, in both lungs, in the supra-renal capsules, in a rib and in other parts. He also showed drawings from another case of a lesion of the palms, exactly resembling the corns seen in the other cases. This patient had a cancerous growth in his neck, and took *arsenic* in large doses, for months together; the skin became muddy and thick, and patches like psoriasis developed upon the elbows and other parts, but in the palms and soles the corny masses formed but were not followed by cancer. About five years ago Dr. Clifford Allbutt had given him the particulars of a case of a young lady who had taken *arsenic* for pemphigus for many years with occasional

intermissions. An ulcer had developed on the crest of the ilium, the glands enlarged, a tumour formed in the thigh, and the patient died at the age of 25, owing to the enlargement of these growths. Mr. Hutchinson also mentioned a case which had been under the care of Mr. Waren Tay and himself. The patient was a clerk, aged 34, who had taken *arsenic* for a long time for psoriasis. The palms of his hands and soles of his feet were speckled over with corns when he applied at the Skin Hospital; finally, epithelial cancer of the scrotum appeared, and was excised; the patient was then lost sight of. He thought the facts he had brought forward warranted him in advancing the theory that the cancer in these cases was due to *arsenic* with the hope that attention might thus be more generally directed to the point."

In the discussion which followed, Dr. W. B. HADDEN mentioned that he had seen several cases of erythematous eruptions in children with chorea taking *arsenic*. Mr. EVE said that he believed that epithelial cancer of the palms always presented peculiar appearances, which agreed with those described by Mr. Hutchinson, and added that lymphosarcoma of the lungs occurred with considerable frequency in workers in cobalt mines, a fact which he thought lent support to Mr. Hutchinson's theory. The PRESIDENT (Sir James Paget, Bart., F.R.S.) said that he had seldom heard an argument, founded on clinical and pathological evidence, more definitely suggesting the conclusion advanced. In this connection it must be remembered that chronic psoriasis was sometimes followed by cancer. In the face of the facts advanced by Mr. Hutchinson, it could not, he felt, be doubted that *arsenic* had a power, in persons predisposed to it, to determine the development of cancer. The first two cases he had seen himself, and he had been clearly of opinion that the disease was cancerous. Mr. HUTCHINSON, in reply, remarked, that microscopical evidence, in the early stages of cancer, was often conflicting and misleading. For instance, in this American case many most competent pathologists, both in England and on the Continent, had, after examining the microscopical specimens, formed the opinion that the growths were not cancerous, yet the patient undoubtedly had cancer and had died of it. He believed that herpes zoster was certainly produced by *arsenic*; *arsenic* eczema had already been described. A remarkable fact about *arsenic* eruptions was, that they were never symmetrical.

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The only lesson that the members present, when Mr. Hutchinson made this communication, would learn from it

would be that they should be more cautious in prescribing *arsenic* in the future. This indeed is admitted by *The Lancet* in its ensuing number. To those members of the profession who have learned by experience that Hahnemann's therapeutic rule—*similia similibus curentur*—is indeed the bridge that spans the gulf so long "fixed between the pharmacologist labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist struggling to apply these results to the successful treatment of disease" (*British Medical Journal*, August 9th, 1884), it has a far higher value. Perhaps we should rather say that it would have had such a value, were it not for the fact that the study of the symptoms of chronic arsenical poisoning had long since taught us the importance of *arsenic* in the treatment of cancer. Long previous to Hahnemann's time, *arsenic* was an empirical remedy in cancer. But the selection of this drug by the light of the rule of similars has enabled us to differentiate those cases of cancer which are most surely benefitted by it from those in which it is less efficacious. Thus, Dr. Dudgeon, in his article on *Arsenic* in *The Hahnemann Materia Medica*, part 1, p. 24 (1852), writes:—"It merely palliates true schirrus and medullary tumours; it is, however, curative in cancroidal tumours, as Dr. Bennett calls them, or, according to Mr. Paget, 'epithelial tumours.'" So, too, Dr. Hughes says (*Pharmacodynamics*, p. 261, 4th ed., 1880), "in epithelial cancer—as of the lip, face and tongue—*arsenic* has unquestionably proved curative, and that not seldom." Lastly, Dr. Pope, in a lecture on *Arsenic* (*Monthly Homœopathic Review*, vol. xxx., p. 414) writes: "In some cases of cancer *arsenic* is, by the peculiar character of its influence on the quality of the blood, as well as by the symptoms of general constitutional adynamia it produces and the local burning and ulceration it excites, well indicated and often useful. \* \* \* It is in epithelioma that *arsenic* can be prescribed with the greatest advantage."

Our selection, then, of *arsenic*, as remedy in cancer, has been mostly confined to the epithelial variety of the disease. We have in Mr. Hutchinson's contribution an illustration of its producing a condition exceedingly similiar to this form of the disease—so much so, that Mr. Eve remarked, that "epithelial cancer of the palms always presented the peculiar appearances which agreed with those described by Mr. Hutchinson;" while Sir James Paget stated that "it could not be doubted that *arsenic* had a power, in persons predisposed to it, to determine the development of cancer."

Our contemporary, *The New York Medical Record*, in referring to Mr. Hutchinson's paper, and "his belief that

*arsenic* may produce, or at least be, an exciting cause of epithelial cancer," and after stating that "Sir James Paget held the same view," adds "this will be joyful news to our homœopathic brethren."

We certainly are glad to find our opponents, more especially such as have in years gone by been known to us as particularly bitter opponents, confirm the truth and accuracy of our drug pathogeneses by observations of their own. Let us now suggest to them to test the value of our therapeutic application of our pathogenetic observations by giving *arsenic* as a remedy in cases of epithelial cancer.

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## CORRESPONDENCE.

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### NOTES ON ITALY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Having spent the last ten weeks in Italy, it has just occurred to me that two or three of my experiences as a medical peripatetic in this country might be of interest to your readers. After a short stay in San Remo, with its charming climate so suitable to delicate and damaged lungs and larynges. [How is this for accidental alliteration?] I spent six weeks in Rome. And now, by your leave, I am going to revenge myself upon the Eternal City.

According to the inhabitants, this has been an exceptionally unfavourable winter. "'Twas ever thus;" but under no circumstances would I wish to visit Rome again. The art treasures and the ruins are all very grand, of course; but man cannot live by the "old masters" alone. The weather was detestable and, with few exceptions, periods of rain and frost alternated for weeks. The "blue Italian sky" has been, for ten weeks, conspicuous by its entire absence. Even in the few fine days, the absence in Rome of anywhere but the streets suitable for walks is a serious deprivation. Within the walls there is only the dusty exposed little patch on the Pincian; and outside the city there are only the Borghese and Pamphili Gardens, on certain days and between certain afternoon hours. The Campagna is not available nor suitable for walks, and there is no escape from the eternal noise and pavement of Rome, such as the parks and gardens of English cities afford.

In Rome the sudden changes in the diurnal temperature, the great difference between the warmth of sun and shadow,

the method of ventilation and warming of dwellings, and the clammy chill at sundown, render catarrhal troubles, and especially pneumonia, of great frequency. Again, there is such constant turning over of the soil, and so much digging of foundations for ugly barrack-like buildings (which I am glad to hear will never be inhabited, and are ruining their financiers), that malarial disease is only to be expected. The lower parts of the city also are so readily flooded, and the inundations of the Tiber interfere with the circulation of the drains to such an extent that rheumatic fever, typhoid, and diphtheria are natural results. The hygiene of the city is still mainly confined to the large hotels, and the odours in many of the streets forecast how balmy they must be in hot dry weather, though imagination fails to picture any intensification. I believe this has been an unhealthy winter in Rome, but it is not possible to get a definite account of the health of the city from authoritative sources for commercial reasons. One informant told me the death-rate had been above 40 per month; another denied it had exceeded 25. Personally I know I met with a very large proportion of sufferers from diarrhoea, sore-throat, and sharp feverish attacks. Sharp attacks of pyrexia ( $102^{\circ}$  to  $105^{\circ}$ ) occurred to me and my friends, followed by diarrhoea and several days' malaise. Languor and chills were complained of by people whose previous lives had been robust and healthy. Rome *may* be as healthy as is said, but if so, why is the average age of those in the Protestant cemetery so low? The majority of the headstones registered an age of 20 to 80 years. As the fox said to the lion in the fable, too large a proportion of the footmarks are towards the cave.

There is no English homœopathic physician practising in Rome. Drs. Held and Liberali are those most in request by visitors. I visited Dr. Held and found him a very agreeable man, and an enthusiastic follower of Hahnemann. He related to me his conversion to homœopathy, and many of his experiences of its truth in Roman practice. He is an old man, and told me there is a crying need for young homœopathic practitioners in Rome. He said there would be plenty of work, as the older men had plenty to do and objected to night calls and visits at inconvenient hours, by which conduct patients were, of course, lost. I understood that there were eleven homœopathic physicians, with a medical society and a well-attended dispensary.

I have since spent three weeks in Florence, surely the fairest city of Italy, and now write from Milan.

The modification of our method for the disposal of the dead is, certainly, one of the most pressing duties before our



profession, as the nation's guides in hygienic and sanitary matters. The "earth to earth" basket method is the only improvement on the cumbrous, water-tight, lead-cased coffins in vogue, which has any wide-spread support from the profession. The ordinary casket becomes a cistern of putrefaction, instead of allowing the safe and speedy resolution of the body. Believing, as I do, that cremation is the best proceeding, and that, as soon as the objections of medical jurisprudence have been met, it will become the general plan amongst crowded communities, I made it my business to visit and inspect the Crematorium of Milan, perhaps the best known and most active in the world at present, and where the process has been in working order since 1876. The attendants are extremely obliging, any one may visit the building and have the method explained. Visitors are also permitted to attend during the process of cremation; this I was not fortunate enough to be able to do.

The extensive burial ground of Milan is on the outskirts of the city, and contains numerous magnificent tombs and statues; indeed, few places are more suitable for the study of recent Italian sculpture. A curious feature is the separation of children and adults; notice boards indicate the "babies' quarter," "adults' quarter," and so on. Besides the various buildings containing the vaults of noble and rich families, there are several large and ornamental buildings in different parts of the cemetery, and one of these, a small temple about the middle of the side farthest from the entrance gates, is the crematorium. The building is of stone, faced with marble; the façade is open and borne by pillars. Under the portico and in the walls of the entrance hall are niches for urns, and small oblong recesses in the walls, closed by slabs bearing inscriptions; these are for the reception of the ashes of those cremated in the building, should the relatives so wish them disposed of. The religious ceremonies take place in this entrance hall. A chimney, in the form of a short tower, rises from the back of the building. In the entrance hall, specimens of urns are shown, and various instruments, both ancient and modern, for the collection and preservation of the ashes are exhibited. There are also illustrations of ancient processes of cremation, and ashes from old Roman urns and from Milan crematorium are exhibited on silver trays. Through this room a door leads into the furnace room, and from this again two doors open, that to the right leading into a small room where the corpse lies before the process. There are seats opposite the ends of the furnaces, where friends and visitors may wait during the combustion of the defunct. A small glass door in the side of the furnace permits the attendant to observe progress. In



cases of an infectious or contagious nature, the coffin and all that it contains are burned together. The body rests on an open metal trough, below which is a tray for the ashes as they fall through the grating. This framework trough is in one piece and slides into the furnace, from the end, along metal wheels sunk into the floor of the cavity. There are two furnaces, side by side ; in that to the left the consumption is brought about by large gas jets from above, on the Bunsen principle, focussing upon the body ; in the right hand furnace the combustible is wood. In each furnace the entire proceeding takes about fifty minutes, and the total cost is 50 francs (£2) ; but poor persons are cremated *gratis*. The crematorium was, I believe, given to the city by an advocate of the process, and more than 500 cremations have taken place since 1876. There is nothing whatever repulsive about the building or the proceedings ; everything is white and neat and of spotless cleanliness. The ashes are a light grey and require only a small sized receptacle. Similar buildings are in working order in Rome, Pisa, and other cities of Central and Northern Italy ; more are in course of erection. An examination of the process leads me, more than ever, to desire its popularity in Great Britain.

Sincerely yours

JOHN DAVEY HAYWARD, M.D.

Milan, April 8th, 1888.

MILLICAN DEFENCE FUND.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Kindly give me leave to announce the following subscriptions towards the Millican Defence Fund received since my last.

Yours faithfully,

WM. VAUGHAN MORGAN.

5, Boltons, S.W.

	£	s.	d.		£	s.	d.
Per Dr. Netherclift—				Josh. Hunt, Esq. ...	1	1	0
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Richd. Hilton, Esq., J.P. 1	0	0		" Hawkes ...	1	1	0
Mrs. Love ...	1	1	0	" Gordon Smith ...	1	1	0
Miss Hurst ...	1	1	0				

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

Dr. REID, of Southsea, requests us to contradict a report that he is retiring from practice. He has received Dr. S. P. Alexander, late of Huddersfield, into partnership.

Communications, &c., have been received from Dr. ROTH, Dr. DUDGEON, Dr. YELDHAM, Dr. E. BLAKE, Dr. MOIR, Dr. CLARKE, Dr. WATSON, Dr. ROBERSON DAY, Dr. NEATBY, Major VAUGHAN MORGAN, Mr. CROSS (London); Dr. COLLINS (Leamington); Dr. PERCY WILDE (Bath); Dr. DRYSDALE, Dr. SIMPSON, and Mr. SCRYMGEOUR (Liverpool); Dr. NICHOLSON (Clifton); Dr. F. W. BURNETT (Leeds); Mr. CHATTERTON (New York).

## BOOKS RECEIVED.

*Les Maladies de L'Enfance; Description et Traitement Homœopathique.* Par le Dr. Marc Jousset. Paris. Baillière et fils. 1888.—*Fever and Blood Poisoning, and their Treatment with Special Reference to the use of Pyrogenium.* By J. Compton Burnett, M.D. London: Jas. Epps and Co.—*Biliousness, its Causes and its Cure.* By A. E. Bridger, M.D., &c. London: Renshaw & Co., Strand.—*Pathogenetic and Clinical Repertory Symptoms of the Head, with their Concomitants and Conditions.* By C. Neidhard, M.D. Philadelphia: F. E. Boericke. 1888.—*Salient Materia Medica and Therapeutics.* By C. L. Cleveland, M.D. Philadelphia: F. E. Boericke. 1888.—*The Homœopathic World.* May. London.—*The Hospital Gazette and Student's Journal.* May. London.—*The Chemist and Druggist.* May. London.—*The Monthly Magazine of Pharmacy.* May. London.—*Forty-Sixth Annual Report of the Liverpool Hahnemann Hospital and Dispensary.*—*The North American Journal of Homœopathy.* April, May. New York.—*The New York Medical Times.* May.—*The American Homœopathist.* New York. April, May.—*The Chironian.* April. New York.—*The Medical Record.* May. New York.—*The Seventeenth Annual Report of the State Homœopathic Asylum for the Insane, Middletown, New York.* 1888.—*The Hahnemannian Monthly.* April and May. Philadelphia.—*The New England Medical Gazette.* May. Boston.—*The Clinique.* May. Chicago.—*The Medical Advance.* April. Chicago.—*The Medical Counselor.* April, May. Ann Arbor. Michigan.—*The Minnesota Medical Monthly.* April. Minneapolis, Minn.—*The Hahnemann College, San Francisco, Announcement.*—*Revue Homœopathique Belge.* Brussels.—*L'Union Homœopathique.* April. Antwerp.—*Bulletin de la Soc. Hom. Med. de France.* April. Paris.—*Allgemeine Hom. Zeitung.* May. Leipsic.—*Zeitschrift für Homöopathische Therapie.* May. Leipsic.—*Leipziger Populäre Zeitschrift für Homöopathie.* May. Leipsic.—*Rivista Omiopatica.* April. Rome.—*El Criterio Medico.* April. Madrid.—*Revista Argentina Ciencias Medicas.* Sept., Oct., Nov., Dec., 1887. Buenos Ayres.—*La Reforma Medica.* March. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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CLINICAL NOTES ON UTERINE DISEASE.\*

BY G. M. CARFRAE, M.D.

Physician to the London Homœopathic Hospital.

THE first subject on which I propose to say something is the treatment of fibroid tumours of the uterus. There are, as you know, three kinds of these tumours met with in practice—

1. Submucous.
2. Intra-mural.
3. Sub-peritoneal.

And there are three recognised methods of dealing with them.

1. Medicinal.
2. Surgical.
3. Electrolytic.

With regard to the 1st (medicinal), I may say that I have nothing to add to the conclusions I arrived at some years ago, and stated in a paper I then read before this Society on the subject. *The medicine which has been accredited—par excellence—with curative powers in the treatment of fibroid tumours is secale.* After a careful examination of the evidence for and against the value of this drug in these cases, I came to the conclusion that

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\* Read before the British Homœopathic Society, June 6th.

it was powerless to cure them. I have seen no reason to alter my opinion since.

2. The surgical treatment consists of—

1. Removal of the tumour *per vaginam*.

2. Removal by supra vaginal operation.

The first of these methods is applicable only to the sub-mucous variety—and only to such tumours as are not very large. The second to tumours of the intra-mural and sub-peritoneal varieties.

The *kind* of cases in which the removal *per vaginam* is called for I shall endeavour to illustrate to you by narrating two.

The removal of the other varieties by laparotomy will, if Dr. Apostoli's aspirations are fulfilled, be entirely superseded by his method of treatment—electrolysis.

I confess I am not so hopeful as he and his disciples are on this point. But my experience so far is limited, and I should not like anything I may say to-night on this point to be considered as final.

I shall narrate some cases in which I have used electrolysis according to Apostoli's method, and shall give the conclusions I have arrived at, leaving it to you to decide how far these conclusions are well founded.

I first of all quote two cases, in which electrolysis is *not* advisable.

1. Mrs. L. was sent to me by my friend, Dr. Hamilton, November 17th, 1887. Has been out of health for several years. Three years ago she consulted a well-known specialist, who told her she had "stricture of the neck of the womb." Thereafter she went to Schwalbach. This did her great good. After her return she consulted another specialist. He, or the first, I am not sure which, told her in April, 1886, that she had had a miscarriage. In May she was supposed to have another, and again in January, 1887, another. During all this time she had severe hæmorrhage, menstruation lasting on an average fourteen days. She was then free for about a week, had hæmorrhage again; and so on—*da capo*. When I first saw her she was extremely weak and anæmic, and was confined entirely to her bed or couch.

On examination I found what I believed to be a small tumour in the cavity of the uterus. This belief was verified after dilating the cervix by tangle tents. After anæsthetising the patient, I removed, by means of the

ecrasœur, a fibroid about the size of a tangerine orange. The *fibroid* nature of the tumour was ascertained definitely by a well-known pathologist, to whom I submitted it for microscopical examination.

The patient made a good recovery, and went to the country. On her return, some weeks after, she had œdematous swelling of the feet and legs, and on examination the urine was found to be albuminous, but without casts. The œdema gradually disappeared, and to-day (June 4), although she still has some albumen in the urine, she reports that the menstrual period is perfectly regular and painless. The principal medicines used for the œdema were, I think, *terebinth* and *ferrum*, but as she was under Dr. Hamilton's care for that, I cannot be certain.

Mrs. H., æt. 37, was some years ago under my care. She then suffered from metritis (chronic). She recovered from that, and in December, 1885, had an early miscarriage. I saw nothing more of her professionally till April 7th, 1888, when she complained of acute pain in pelvic region. On examination I found a small tumour in the cavity of the uterus. The cervix was patulous, and the top of the finger could feel the tumour near the os externum.

After dilatation of the cervix by tangle tents I removed—by torsion—what turned out to be a small fibroid, about the size of my thumb, with a narrow neck. This (the narrow neck) it was that led me to use *torsion* in preference to the ecrasœur. One rather unusual feature of this case was that the patient never had at any time excessive menstruation. She made an uninterrupted recovery.

These I regard as cases in which electrolysis is not suitable. I now propose to relate a few in which it is.

The first is that of Miss X. who has herself told the history of her case, and has done it so well that I shall, with your permission, read an abridgement of her record.

1878-9. First noticed an increase of size in the right side above the groin. At the same time menstruation, which previously had been quite regular, began to be irregular; frequently beginning a few days too soon and continuing a few days too long; accompanied sometimes by headache and pains in both legs, "resembling a

strained harp-string." Those symptoms did not interfere with her usual active habits of life.

1880. In the spring of this year a marked increase of all the symptoms, especially of the hæmorrhage, occurred. In August this became so alarming that Dr. K. was consulted. He diagnosed a large fibroid which would, he thought, cause inconvenience till "change of life," and would then shrivel up. He did not advise an operation, and spoke most hopefully of overcoming the inevitable inconvenience by his prescriptions, none of which, as far as I can tell, ever did me any good.

1881. Digestion became very much enfeebled and deranged, and in May of that year there was no day in which the hæmorrhage was absent.

1882. Went to London and consulted Dr. M. D. He agreed exactly with Dr. K. In September there was regular flooding, causing prostration almost amounting to syncope. Ice was used to check the bleeding. Nausea was very troublesome. Went to Brighton, and in November consulted Mrs. Dr. C., who advised the use of hot water injections. I was much worse this year in every way; the tumour larger.

1883. Hot water did good. Had seven or eight days in the month free from hæmorrhage, and perhaps as many more when the loss was slight.

1884. Tried ergotin injections. After the first had violent pains in limbs and faintness, and they were discontinued. In December notes less loss this month than for at least five years past. Meantime hot water injections—given in a recumbent position—had been freely used.

1885. The loss became quite moderate; intervals were re-established; acidity cured; but neither stronger nor smaller. Had sore mouth almost constantly, and a great deal of diarrhœa. "Here, I may mention, that looking back I see nearly all the doctors gave me *nitric acid*, and it always seemed to cause diarrhœa."

1886. Power of walking getting less and less. Spent most of the summer in an armchair in the porch. Had a great deal of diarrhœa and bad headaches all the summer, also palpitation.

On October 17th went to church, having been better for some days. Nearly died of palpitation in getting home again, followed by several days of violent head-

ache, and 22nd took to bed. Menstrual period was totally suppressed, and it did not reappear till May. The day after its reappearance (23rd) temperature rose to 102.

After that, her sister notes that she was for several weeks hanging between life and death. There was congestion of both ovaries and right lung, with excessive flatulence and violent and excessive jerking all over. After this illness there were periodical increases of temperature corresponding to what would have been the "monthly period" and "mid-period" time, and during November, December, and January (1887) the tumour gradually shrank as much as 7 inches, the shrinkage being accompanied by the most excessive motions from the bowels. There was no further shrinkage after the early part of December.

1887. Some dysuria; otherwise some improvement, this went on till March 31, when she began to get out in a bath chair. From this date noticed that sickness and giddiness always came on after sitting up more than half an hour, so the attempt to go out was given up. The period returned regularly every month and gradually increased in quantity, and the tumour to show signs of increase again, and we resolved to ask Dr. Carfrae to see her with a view to deciding whether electrolytic treatment would be likely to benefit her.

I went to see the patient accordingly. I found her suffering from a large subperitoneal and intra-mural fibroid as already stated. The sound entered about 7 inches, and there was also a small tumour in the left labium blocking the vaginal entrance. The presence of this and the fact that the tumour by its size was dragged out of the pelvis into the abdominal cavity, just as happens to the uterus in the latter months of pregnancy, made it a matter of extreme difficulty to introduce the sound and therefore to carry out the proposed treatment. The cervix was not enlarged, as in the pregnant uterus; on the contrary it was very small and so dragged up that it was with the greatest difficulty I could reach it at all. Nor could I drag it down with the hook, as can generally be done in such circumstances. Hence to facilitate the carrying out of the treatment I determined first to remove the external tumour. This I did. There was nothing worthy of note



in the operation except that after "shelling out" the tumour from the loose areolar tissue in which it was imbedded, there was a great deal of venous oozing. This necessitated plugging the wound with thymol cotton wool which, by the way, the patient said "burned like fire." This is worthy of note to all whom it may concern. The plugging delayed somewhat the healing of the wound. The tumour was about the size of a tangerine orange. I had it examined microscopically by a well-known pathologist, who declared it to be an ordinary fibroid.

The operation was performed on Nov. 7th (1887). Menstruation set in 15th, and lasted three days, and on the 21st the electrical treatment was resumed. Again, however, I found the greatest difficulty in reaching the os, and therefore decided to *puncture* the tumour. Treatment was again interrupted by the occurrence of the menstrual period on Dec. 6th; it lasted till the 15th. Between that date and the end of the month, viz., on the 16th, 20th, 22nd, 27th and 30th, I used the electrolysis. On the evening of the 30th she was seized with violent sickness and shivering, and the temperature rose to 103°. After the diligent use of *aconite* for 24 hours or so the temperature was reduced to 100; and in 48 hours (after perspiration) it was normal. Noticed slight congestion of one lung. I ought to have said there was a good deal of coughing and pleuritic pain during this time.

Jan. 16th. There was again some rise of temperature (102°), preceded by shivering. Again *aconite* was used, and on 18th it was 98°. Very weak. Electrolysis was applied five times during the month, viz., 9th, 12th, 16th, 23rd, 26th. On the 12th I succeeded in introducing the sound, and from this date never again operated by puncture. No menstrual period during this month.

Feb. 4th. "period" began and ceased on the 6th; was not continuous even for that short time. Slight rise of temperature from 14th to 28th, 99° to 101°, accompanied by sickness and diarrhœa. Afterwards temperature went down to 97.8° and 97.4° at night. Electrolysis was applied six times during the month, viz., on 2nd, 9th, 13th, 24th, 27th, 29th. The abdominal belt indicated shrinkage of one inch on the 6th. On the 20th it measured 1 inch less, i.e., 2 inches of shrinkage. March "period" came on slightly 26th and 27th less than she

ever had before. Had eight operations, viz., 9th, 12th, 15th, 19th, 21st, 24th, 29th, 31st.

On the 25th the *séance* was followed by sudden violent bleeding, which only lasted about fifteen minutes, being checked by hot-water syringe, much exhaustion thereafter. Sleep during this month on the whole much better. Bowels less often relaxed. Had troublesome spasmodic cough like whooping cough causing sickness.

On the 31st slight rise of temperature again, with violent sickness and some shivering; twenty-four hours afterwards it was again normal.

April "period" came on slightly for two hours only on the 19th.

Electrolysis applied eight times, 3rd, 6th, 9th, 14th, 17th, 24th, 27th, 30th. Altogether feeling better this month. Had few days of complete nausea, though frequent attacks of sudden spasmodic sickness. Bowels generally required aid of enema to procure action. Temperature never above, but rather inclined to be sub-normal.

Got out for drive on the 11th, again on the 13th and 16th. Left London on 2nd of May, and bore the journey well, not at all sick; has indeed had only one sick day (the 12th) since her return home, but has slept badly and had backache. "No menstrual period. Have slept better the last few nights, and have returned to my usual size."

The strength of current used has varied between 150 and 250 milli-ampères, the duration of each *séance* being from seven to five minutes, and generally the positive pole was that used.

The next three cases I propose to direct your attention to I have referred to before, when Dr. Wolston read his paper on the treatment of nasal polypi by electrolysis. The cases were then incomplete, inasmuch as they had only just left off treatment. The important question still remained as to whether the benefit derived was transient or permanent. This question I can now answer, and that must be my apology for again going over the same ground.

Mrs. B., æt 37, has been under treatment for some years. Her symptoms may be summarised thus: She has an enlarged retroflexed uterus; menstrual periods very profuse, with intense pain. Between the 'periods'

has profuse leucorrhœa and constant bearing down. Inability to walk; weak; hysterical; constant backache. Severe neuralgic headache after each 'period'; intense depression; dyspepsia, &c. Various medicines, glycerine pads, local application of iodine, &c., were all used, but with only partial and temporary benefit. This may have been partly due to the fact that the patient could not command that essential adjunct to any method of treatment in such cases, viz., *rest*.

After five operations, in which the positive pole was applied inside the uterus, the strength of the current varying from 75 to 80 milli-ampères, each application lasting about 5 minutes, the 'period' recurred. It was profuse as before, but the *interval* between it and the next 'period' lasted the—for her—unprecedented time of one month.

The next report is that she feels much better in every way. Less bearing down, less depression. Has none of the severe labour-like pains she had formerly. On examination the uterus was found much more normal as to size and position. This was the limit of the report I could give when I last spoke of this case, and the date was November 27th, 1887.

I can now add a report dated March 6th, 1888: Continues comfortable so far as uterine symptoms are concerned. Hæmorrhage continues much less at the 'period,' but she has had a good deal of leucorrhœa lately, doubtless due to having very hard work—nursing sick children, &c. Has none of the old feelings of depression.

Mrs. G., æt. 42, has had three children and several premature confinements. Has always aching after a menstrual period; great inability to walk at all times owing to intense discomfort from "bearing down" feeling. Examination shows an enlarged retro-flexed uterus and slightly enlarged (right) ovary. Had six operations—negative pole 100 to 150 milli-ampères five minutes duration—between 3rd and 18th October (1887), after which she left town *much* improved, being able to bear much more exertion. As she was going abroad she begged that she might be allowed to continue the use of a Hodge pessary which she had been long obliged to wear to get about at all. As she was going to live in an out-of-the-way village in France I consented to this, but told her that I hoped she would find that the improvement

would go on after the treatment ceased, and that by-and-by she would be able to dispense with the pessary altogether. That was the last I had to say of this case. I can now add that for three months after she returned to France the 'periods' were more profuse than before; but that after that they diminished in quantity; that she walks much better than before—and on *examination* I find the uterus normal in size and position—(May 17th, 1888). She has returned to France. This time, without the Hodge pessary.

Mrs. M., admitted October 1, 1887. Has been ill three years. Her illness commenced with "flooding," which lasted three months. Since then the amount of loss at each 'period' has gradually increased. Last April had a polypus removed from the uterus. There has been no diminution of the hæmorrhage since; on the contrary, it has increased. At present the 'period' generally lasts a fortnight, and is attended with great pain and bearing down. Occasionally passes shreds of membrane; dysuria and backache at the 'period.' Appetite good, tongue clean, bowels habitually confined.

On examination the uterus is found to be enlarged; sound measures  $3\frac{1}{2}$  ins. After three applications of the continuous current the 'period' recurred. It was attended with less pain than usual, but was profuse and it lasted twelve days. Electrolytic treatment was resumed October 25, 1887, and continued till November 23, when menstruation recommenced. This time it lasted about three days, was not at all profuse, and was without pain.

On the 29th the patient was discharged so far cured.

Since then the patient writes—January 23, 1888—  
"You will be pleased to know that I have been making good progress since leaving the hospital. The 'periods' have come on about every twenty-eight days, lasting from four to seven days; not profuse at any time, and attended with very little pain. My strength is gradually increasing, and I am able to take out-door exercise without feeling so much fatigued. The most I have to complain of is palpitation after a little exertion, but I dare say as my strength increases that will diminish."

She then asks if she may take a situation, &c.

Mrs. D., admitted 30th August, 1887, complaining of severe dysmenorrhœa, examination (by Dr. Marsh)

reveals anteflexion ; stenosis of cervix : menstrual period profuse. After some months' treatment as an out-patient with only partial relief, she was admitted as an in-patient, and had about eight applications of the continuous current, 50 to 80 milli-ampères, positive pole inside the uterus. The profuse menstruation continued for some time, but gradually got less—the pain being almost nil. Two days ago she appeared again as an out-patient and states that for the last three months she has missed having the menstrual period altogether. Complains of headache, backache, aching in the limbs and sleeplessness. The essential point to remember is that she reiterates (June 5th, 1888) what she said before ; namely, that the dysmenorrhœa was cured by the electrolysis.

The first two cases mentioned were not, as I said, fit cases for electrolytic treatment. The method of treatment by the ecraseur which I adopted in the first is, however, susceptible of improvement by electricity. The use of the galvano-cautery in such cases is preferable to the usual mode of procedure, because the cauterization diminishes the risk of bleeding after the tumour is separated. In such a case as I have related that is a matter of no consequence, because the neck of the tumour was very small and therefore the risk of hæmorrhage very slight. But in cases where the attachment is larger the electric wire would be decidedly preferable.

The other cases illustrate the chief uses of electrolysis as suggested by Dr. Apostoli. He claims for his method—

1st. That in such cases as that of Miss X. it very much diminishes the size of the tumour ; that it arrests hæmorrhage, and that symptomatically it cures the patient.

2nd. That it arrests hæmorrhage in such cases as Mrs. M., and in numerous others, from other causes.

3rd. That it cures chronic metritis, as in the case of Mrs. G., and

4th. That it cures dysmenorrhœa, as in Mrs. D's. case.

My experience of Dr. Apostoli's method of treatment is so far very limited, having extended over hardly one year, and as I have already remarked, what I have to say on the subject must only be taken for what it is worth and must not be considered as final. The result of my observations may be summed up thus : Although I have got some good results as in the cases just related

to you, these results are by no means uniform. I have treated a good many cases of fibroid during the last year or so, but I have very seldom been able to convince myself that there has been any marked diminution of their size. In Miss X's. case the hæmorrhage has certainly diminished, and will, I hope, give her no more trouble. The general health also has, I think, improved, and will in all probability go on improving, but I cannot say that I perceive any diminution—so far—in the size of the tumour. The other cases I have described are very satisfactory so far as they go, but I must candidly say that I could describe many more in which the results are by no means so satisfactory.

In the profession generally, in this country, opinion is very much divided as to the merits of Apostoli's method. Sir Spencer Wells, Keith, Aveling, Playfair, &c., speak hopefully—some enthusiastically of it. Others, such as Lawson Tait, Bantock, Barnes, &c., believe it to be utterly useless. A careful consideration of all the *pros* and *cons* of the case has led me to the conclusion that it must be considered still *sub judice*, but worthy of further trial. I propose therefore to persevere in my endeavour to ascertain what amount of good there is in it, and hope on some future occasion—after having enlarged my field of observation—to lay before you the result thereof.

S. G., æt 50, admitted February 16th, 1887. Has been an out-patient since April last. Her condition is as follows: the uterus is large and heavy—protrudes from vulvæ—and in consequence of the friction it is thereby subjected to, there is a large ulcer on vaginal mucous membrane. General health bad; patient has a worn, suffering, anæmic appearance. Suffers from headacche and flushings. Bearing-down pains, and pain in the left side. Frequent vomiting of food. *Bell.* 1x in j. ter die.

18th. *Nux v.*  $\phi$  in iij. ter die.

20th. *Sepia* 8x, ter die.

22nd. Slightly better; no vomiting since admission; appetite very poor.

March 4th. Appears to be slowly gaining strength; last night especially slept very well. Takes food fairly well; now no sickness.

*On examination.* Ulceration healed.

. 8th. Was very poorly after enema. In voiding motion forced uterus without vulvæ. Bearing-down pain same.

11th. Pains easier; improving; gets on couch daily. Ring pessary inserted.

19th. Discharged improved.

Gradually the ring pessary lost its effect in supporting the uterus, and the procidentia, with all its attendant miseries, became as bad as before.

April 19th. She was again admitted as an in-patient.

22nd. Tait's operation for ruptured perineum was performed.

23rd. A good deal of pain after operation. *Morph.*  $\frac{1}{8}$  gr. administered hypodermically 8 p.m. Slept fairly well. Pulse good. T. clean.

25th. Much pain during the night.

26th. Pain much less; headache; passing urine spontaneously; forcing pain less troublesome; Tongue clean and raw at edges, furred slightly in centre.

27th. Stitches removed yesterday. Dysuria.

29th. A good deal of distress from straining and bearing-down pain during the last three days, but these have quite ceased now. This morning the patient practically free from pain, and feels comfortable.

May 3rd. No pain in perineum, still some pain in left side.

6th. Bowels acted well after an enema. She fears that if she stood erect the uterus would protrude. In fact, after a time the uterus did again protrude. It therefore became evident that the new perineal body would not support the uterus. I therefore inserted a Zwank's pessary, and she left the hospital apparently quite relieved.

After a time she again appeared in the out-patient department, complaining of her inability to keep the uterus from protruding, and begged that something further might be done to relieve her. I advised her to come into the hospital, and she was readmitted accordingly March 4th, 1887, and after keeping her in bed for a time to improve the condition of the uterus as well as her general health, on November 25th I performed the operation of episio-perineorrhaphy. This may be described as a magnified Lawson Rait's operation for ruptured perineum. The scissors are inserted in one



labium close to the urethra, and are carried right round to the corresponding part on the other labium. The denuded portions are then brought together by sutures, leaving only a small opening for escape of discharge. The result was in this case that on December 24th the patient was discharged cured.

She has since presented herself in the out-patient department, complaining chiefly of the old pain in her side, but the closure of the vaginal opening remains intact and the uterus no longer protrudes. In short, so far as the procidentia goes she is cured.

This case affords an illustration of two or three modes of treatment generally recommended in such cases.

These are:—

1st. Support by pessaries.

2nd. Denuding a portion or portions of the vaginal walls and bringing them together by sutures.

3rd. Denuding and bringing together the labia so as to close the vulvar orifice.

I will conclude with a few words with regard to each of these.

1st. Pessaries are often sufficient to retain the womb within the vulvar orifice and enable the patient to get about with comparative comfort. Sometimes a ring pessary will suffice, but the most useful form of support in the great majority of such cases is the Zwank's pessary. The only objection to its use being that it gets out of order. There are as you know several kinds, but that which is least likely to get out of order is the one which does not depend on a *screw* to fix it, but merely on a turn of the handle.

The second mode of treatment I have mentioned has one great objection, viz.: that the benefit is only temporary. The vagina is as you know very dilatable, and in the majority of cases of procidentia we have to do with a more or less congested ergo *heavy* uterus, and the constant pressure of this on the very elastic vaginal walls, albeit of diminished calibre, generally results sooner or later in protrusion of the womb.

The third mode of treatment is, I think, on the whole the most likely to be successful. Hence I adopted it in H. G's. case, and the result justifies my conclusion.

## DISCUSSION.

Dr. POPE said that he had only recently had an opportunity of seeing the third patient of whose case Dr. Carfrae had given them details. He was afraid that the size of the tumour had undergone very little alteration from the electrolysis. He, indeed, never anticipated any great results in her case, and the circumstance that induced him to encourage a trial of Apostoli's method was the intense sickness which troubled her every fourteen or twenty-eight days. This no medicine had relieved, and looking upon it as the inevitable consequence of the bulk of the tumour, he felt that if electricity could reduce this bulk even a very little this distressing and exhausting condition might be abated. So much had, he thought, been accomplished. At any rate, since her return from London, there had been little or no sickness. In endeavouring to form an estimate of the influence of electricity in procuring a degree of diminution in the size of the tumour, we must remember that at the climacteric period a uterine fibroid often diminishes in size. The question then arises in this case, is the degree of diminution due to the electricity or to the changes which commonly take place at 50 years of age. Her general health is fairly good, and this, considering the long and serious illness she went through during the winter 1886-87, is not a little remarkable, and gives one great hope that she will be far stronger in a year's time than she is now. With regard to Apostoli's method itself, there were several points of view from which it might be regarded. He doubted if it would be wise to recommend it in patients with fibroid tumours at the climacteric period, when there was not any hæmorrhage. These cases so often got practically well without any medical or surgical interference, that he thought they might very properly be let alone. On the other hand, where hæmorrhage was severe, and sapping the foundations of life, as it were, when the most accurately indicated medicinal remedies had failed to check the hæmorrhage, when interference of some sort must be adopted to save life, we had but two courses open to us, one hysterectomy, and the other Apostoli's method. The former had been followed by a hideous mortality; under the latter the mortality had been almost, though perhaps not quite, *nil*. When, then, we had the assurance of Apostoli, Spencer Wells, Stevenson and others that in a large proportion of cases at any rate, the Apostoli method of applying electricity was successful in staying hæmorrhage, and when this was the only alternative to hysterectomy he felt that it was our duty to advise such patients to avail themselves of it.

Dr. ROTH said that his friend, Dr. Tripier, of Paris, had for some years past been in the habit of treating uterine fibroid

by injections of iodide of potash into the cavity of the uterus, and sometimes into the structure of the tumour. In addition, currents of electricity were sent through the uterus, though the mode in which it was applied he could not describe. The operation for procidentia, described by Dr. Carfrae, he looked upon as constituting a very superficial mode of treatment. It gave no cure, but simply prevented protrusion by the closure of the labia. This he thought could be done by an indiarubber ball inflated after being passed into the vagina, or by the use of a tampon as in olden times. Dr. Roth also referred to the treatment of uterine disease by the manipulation proposed by Brandt, made partly per vaginam and partly through the abdominal walls. He said that there was no reason why manipulations, which were now fashionably called massage, should not be able to reduce an enlarged uterus if a similar process can diminish the size of swellings of other parts. He (Dr. Roth) had recently had a visit from a Hungarian gynecologist, Dr. Dirner, who, when attending the clinique of the renowned Professor Schutz, of Heidelberg, had seen Brandt's treatment carried out by Brandt himself. The results were so satisfactory that Professor Schutz became an advocate of massage in uterine disease. Careful measurements of the enlarged uterus were taken in several cases, and after a few week's treatment the diminution in size was very considerable. Dr. Roth urged the study of these manipulations, and the training of educated, intelligent, strong women in making the manipulations required, so that practitioners might be able to avail themselves of Brandt's treatment in their cases.

Dr. JAGIELSKI, after thanking Dr. Carfrae for his interesting paper, referred to his experience with Brandt's uterine massage. The advantages of this method were, he had found, great; but it was a tedious and difficult system of massage, occupying not merely five minutes but half an hour or longer in completing the necessary manipulations of the uterus, ovaries and ligaments. He had obtained very excellent results from Brandt's system in various of the diseases peculiar to women, such as uterine hypertrophy or flexure. Even in uterine tumours he had been able by this method to relieve many concomitant and reflex symptoms, such as headache, pains, nausea, anorexia, constipation, inability to walk or move about, sleeplessness, and many other symptoms of a reflex character. Brandt's method of replacing a displaced uterus or ovary, of stretching or relaxing the ligaments, nerves and vessels, of so exciting pressure in chronic metritis as to excite absorption through the increased activity of the blood vessels, was carried on by external massage, and needed on the part

of the operator not only experience in manipulation but power of arm, wrist and fingers, together with a delicate and elastic touch. Few doctors he felt sure would care to stand the strain of these manipulations. At the same time they could be used successfully. By their means he had been able to reduce the size of large internal tumours, and checked menorrhagia, reduced swellings, and re-established a very satisfactory balance of health, which from the very first *séance* made patients forget that they were suffering from uterine disease, which had previously rendered them slaves to the sofa, and to restrictions which were wearisome in the extreme. He had referred to Brandt's treatment in response to the remarks of Dr. Roth, and would now pass on to make a few remarks regarding electrolysis, which he was glad to hear Dr. Carfrae had found useful. He was occupied in applying electricity through warm baths, using both the constant and interrupted currents. He had found the interrupted current gave very satisfactory results in cases of hæmorrhage arising from tumours, given directly after Brandt's massage. This treatment was, moreover, most advantageous during flooding. It was as Brandt had stated, when the tumour was largest and most congested, that the manipulations were followed by the best results in reducing pain and swelling. He also strongly insisted on the necessity for applying electricity directly after the massage *séance*. Several patients had been under his care who had derived great advantage from this combined treatment, whereas dry electricity or even electrolysis, to which they had been subjected by others, had been of no advantage to them. But as Dr. Carfrae had said, electrolysis was still *sub judice*, and before he could give Apostoli's treatment his confidence he would require to know of some complete cures being due to it. The question of uterine measurement was important. Mere external examination was deceptive from various causes, such as flatulence, abdominal fat, &c. To the use of the sound there were in these cases many objections and obstacles. The bi-manual, internal, and external mode of proceeding directed by Brandt he had found very satisfactory, and as reliable as any well could be. One or two fingers of one hand were passed behind the uterine neck, the other placed externally on the abdominal wall. By judiciously using this method while the patient was breathing deeply we could gain all the information needed as to the position, size, density, mobility, and sensitiveness of the organ. Strange to say this mode always fatigued the patient less, gave less pain, and required less exposure than any other. In conclusion, he could safely say that a skilful examination and manipulation during each

operation greatly and gradually decreased sensitiveness and pain at each *séance*, and increased the strength and health of the patient.

Dr. BUTCHER asked if there was much pain attending electrolysis?

Dr. NEATBY felt that the subject deserved great attention. He had seen injections of *sclerotic acid* followed by marked benefit in large and soft fibroids. He had, indeed, noticed abscesses to form after it, but this was prevented by the addition of 1 per cent of *carbolic acid*, and also by the injection being made into the muscular instead of the cellular tissue. He agreed with Dr. Carfrae about the dose of electricity. He thought there was another operation—that from above—shortening the round ligaments. He had operated successfully in the case. He had used, with great success, Brandt's system in some cases of retroflexion and prolapsus. But the amount of labour was so great as to make it almost impossible for general practitioners to practise it.

Dr. DUDGEON said he had had two interviews with Apostoli, and enquired particularly about his method and its results. Apostoli told him that he generally succeeded in reducing the tumour by one-third, and that that gave nearly perfect relief to the patient, and enabled her to get about, and perform all needful work without inconvenience. The first two or three operations were attended with pain, but not the subsequent ones.

Dr. CARFRAE (in reply) thought the injection of *iodide of potash*, referred to by Dr. Roth, the same thing as injecting *iodine*, which he considered really beneficial. Regarding the procidentia he said there was not only the uterus to cure, but also the ligaments, which became so relaxed that they were not able to sustain a normal uterus. Regarding Alexander's operations, he saw his results were very striking at first. The question whether the results will be permanent is not yet settled. Besides, Alexander does not propose to cure procidentia, but only prolapsus. The amount of pain was the indication for the amount of electricity to be used—we should give so much as the patient could bear. Anæsthetics should never be used. Dr. Jagielski asked for cures. He thought the diminution in size was a very difficult thing to decide upon. The sound was no good for measurement. Dilatation was of no use as applied to subperitoneal fibroids. The indications for positive and negative pole were such as had been named—the hæmorrhagic cases indicated the positive pole.

## THERAPEUTIC PROGRESS AND ITS OBSTACLES.

A paper on the aims and objects of the Therapeutical Society of Great Britain.\*

By PERCY WILDE, M.D.,

Hon. Secretary Medical Reform Union.

MR. PRESIDENT and GENTLEMEN,—My first duty is to thank you both on my own behalf and on that of the promoters of the Therapeutical Society of Great Britain, for the act of courtesy which enables me to bring before you the reasons which have led to the endeavours to found this society, and the objects which it is hoped will be accomplished by its foundation.

The liberal and independent spirit which distinguishes this branch of the British Medical Association renders it more than probable that you will sympathise with the aims of this society, and this will encourage me to speak very frankly of the difficulties which stand in the way of its foundation and of the conditions which, in my opinion, injuriously affect the progress of therapeutics and the advancement of our profession.

Our proposals have at least the merit of simplicity. We want to establish a society for the cultivation of the study of therapeutics. We propose that it shall be the duty of this society to impartially investigate all methods of treatment now existing or which may be afterwards introduced, and to offer a free platform for the discussion of all therapeutic problems. That in order that the work of this society may have the weight of a judicial and impartial tribunal, we propose to ask representatives of every variety and shade of opinion to become members. The promoters may fairly adopt the words of Lord Bacon and say, “we have set it down for a law to ourselves to examine all things to the bottom, and not to receive or reject upon improbability until they have passed a due examination.”

Our aim being to establish a purely scientific society for the study and development of therapeutics, which shall be outside the sphere of professional polemics, it is clearly no part of our duty to concern ourselves with any question of professional policy, or to take cognisance of any matters concerning which individual members may be at issue.

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\* Read before the Gloucestershire Branch of the British Medical Association.



But the experience of the promoters has shown that many of the leaders of the profession, whose names would give weight to the society, and whose knowledge would be of great value in the work which it has to undertake, while sympathising with its objects, feel that the general policy of the profession stands between them and its open support.

At a meeting held in London it was proposed that some rule should be added which would exclude those who held particular theories in therapeutics, and it was agreed that if we adopted this course we could rely on general professional support. That is to say, that if it excluded those with whom there exist differences of opinion on therapeutic questions, a society "which would offer a free platform for the discussion of all therapeutic problems," would receive the support of the leaders of the profession. But it would be a fraud and a sham, and this is not only the view of the original promoters, but it is that also of many leading physicians, who, while their position as consultants prevent them giving open support to the original proposals, they are equally adverse to becoming members of a society which only affects the form of liberty and freedom of opinion as a cloak for the better conduct of the professional policy against heretics.

The leading members of the profession who have conversed or corresponded with us on this subject appear to be unanimous in their opinion that this policy has been a mistake from the first, that they would welcome any movement which would reunite all sections of the profession, but they hold that the prejudices of the general practitioner form an insuperable barrier to any hope of change, except as the result of time, and that no consulting physician can openly protest against the conditions to which I shall presently allude, without turning the prejudice against himself, to the sacrifice of his professional prospects.

The general practitioner labours under a leadership of leaders who dare not lead, and who appear to have formed a very erroneous opinion of his average intelligence. This makes it the more necessary that each should look at these questions for himself, and that those who feel themselves free to speak frankly of their convictions should have some means of making them



known to their fellow practitioners. This is the aim of the Therapeutical Society, and the journal which would be published in connection with it. While it is obviously necessary, then, that a society of this kind should be open to all practitioners, it has been urged that it would be against the policy of the profession to admit heretics in general, and members of the homœopathic school in particular.

Since this ethical difficulty first came under discussion we have had an opportunity of witnessing a controversy between the orthodox and heretical schools, conducted in strict accordance with the lines of professional policy, and it is of interest to us, because it enables us to ask whether our proposal to permit such discussions in a purely medical society is not better calculated to maintain the honour and dignity of the profession, than one carried on in the columns of a daily newspaper. Those who oppose our proposals warmly supported and eulogised the action of those who undertook in the public press to bring ridicule and reproach upon those practitioners who held heretical views on the subject of therapeutics.

We are not concerned here with the arguments of either side, our duty is only to determine the precise effect which this "professional" effort had upon the feeling of public confidence felt for our profession as a body.

Nearly every organ of public opinion in this country commented upon it, and our material for forming a judgment is extraordinarily abundant, and its remarkable unanimity makes it very decisive. The chorus of condemnation rising from ridicule to reproach which followed is without parallel in the history of journalism. The palpable mistake which underlies alike the method of those who conducted this controversy and the policy of the profession is put very clearly by the editor of the *Times* in a leading article reviewing the correspondence, and I will quote some of the remarks because they bear directly upon the point we are considering. Speaking of the method adopted by his orthodox correspondents, he says:—

"If they either desired to convince homœopaths of the greatness of their delusion or sought to enlist the sympathy or command the confidence of the lay public, we are quite sure they have made an egregious mistake. At an early stage of

the controversy we tried to hint as much to our professional advisers and guides. We pointed out that it is a mistake to fling charges of knavery and folly, either alternatively or cumulatively, at men taught by the same teachers, trained at the same schools, and declared qualified practitioners of medicine by the same authorities as themselves. To call a man a fool who holds exactly the same diploma as the men who abuse him merely because he differs upon some medical subtlety which laymen are told they cannot form an opinion about, has the effect of filling the lay mind with distrust of the very certificates upon the strength of which the doctors challenge our confidence. If one M.D., duly licensed by an orthodox faculty, can be such a fool and as nearly a criminal lunatic as his brethren make him out, poor laymen cannot but feel that there may be other wolves in sheep's clothing passed by the same authorities, and all the more to be dreaded because they carry no distinctive badge. When doctors are denounced as knaves whom laymen have known all their lives, and who, in all the ordinary relations of life, behave with quite average common-sense and integrity, it becomes rather difficult to repose implicit confidence in some practitioner whom we only know by name, merely because he professes utter disbelief in the efficacy of decillionths."

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"No guide remains for us except common-sense operating upon considerations such as we are familiar with in our ordinary affairs. Consequently a real injury has been inflicted upon us by those orthodox practitioners who have so conducted this controversy as to arouse in every unprejudiced lay mind the horrible doubts to which we have just referred."

In spite of this unanimous expression of opinion on the part of the public press of this country, we are asked to maintain this policy, to adopt the same methods, and to adapt this society to conditions which have brought ridicule and reproach on our profession. We think, on the contrary, that a time has come when this controversy between the orthodox and homœopathic schools can be approached without passion, recognising the errors of judgment which may have been made on either side, and gathering from their study the experience which will prevent the recurrence of such conditions in the future.

It is not difficult to understand and sympathise with the feelings with which our forefathers (who had a recognised mode of treating every disease, and believed in the remedies they employed) regarded the proposal to throw over the whole system of treatment which had grown up during

centuries of patient trial and experience, and substitute for it a method which appeared to them not only paradoxical, but a self-evident absurdity. They asked, as Dr. J. C. Bucknell asked in a recent letter to the *Times*, "Is there anything in nature, the homœopathic drug alone excepted, the energy of which increases as the substance decreases? Is it not *contra naturam*, and, in the absence of miraculous intervention, impossible and incredible?" And again, in reference to the dogma, "*similia similibus curentur*," they asked, as Dr. J. C. Bucknell asks, "Does nature contain any other instance in which motion of any kind is checked or stopped by similar motion in the same direction?"

Strongly impressed with the absurdity of this idea, and with the necessity of meeting disease by active medication, they felt it their duty to the public to protect them from the danger of placing their lives in the hands of men who based their practice on such axiomatic absurdities. They took steps therefore to deprive the followers of Hahnemann of all public appointments; expelled them from their societies, refused insertion to their communications in their medical journals, and sought by combination to make private practice impossible.

They were actuated by the highest motives, but the inevitable consequence followed; they created the necessity on the part of the believers in this heresy for special journals, hospitals and societies, for they considered that human life was being sacrificed by blood-letting and the abuse of drugs, just as strongly as their opponents believed that it would be placed in jeopardy if violent diseases were treated by infinitesimal doses.

We have nothing to do with the method of treating disease advanced by either party; we have to decide only whether the experience of the last half century shows the policy to have been a wise one. Let it be granted that the particular method is false and untrustworthy, being separated and isolated from all other methods, it has medical schools, hospitals, and a most extensive literature specially devoted to its teaching. On the other hand other therapeutic methods far more reasonable to all appearance, have been admitted to full discussion and clinical investigation, and have been finally proved worthless.

From the standpoint of the promoters of the society, the admission of this heresy to full discussion would be a surer and speedier way of demonstrating its fallacy than the policy of exclusion. At any rate this policy would remove the necessity for these special institutions for a special method to which so much exception has been taken, and which had their origin in this policy, and which must remain in existence so long as this policy is maintained.

But while this bitter war was raging between the members of our profession, the physiologist in his laboratory—far removed from the polemical atmosphere—was investigating the mechanism upon which the functions of life depend.

From the researches of Claude Bernard and others on the action of nerve stimuli, we learned to appreciate the difference between physical laws and physiological processes. For while in physics there is a direct relation between the amount of force employed, and the result which follows, in physiology we have to recognise that increase of force, beyond narrow limits, means diminution of function. Thus, if we take the simplest of all experiments on the action of nerve stimuli. The heart of a frog, removed from the body, continues its pulsations for a considerable period. We now apply a very weak chemical solution, and the pulsations become more rapid. Now we increase our force by making our chemical solution stronger, but instead of increasing the effect we diminish it, the pulsations grow gradually slower, until they at last stop altogether.

Here is a simple experiment which is now demonstrated to every medical student in the physiological laboratory, which presents an instance of "motion being checked or stopped by similar motion in the same direction," and of "(physiological) energy being increased as the substance decreases."

But this is not an isolated fact, but an instance of a general truth which Claude Bernard has summed into a aphorism, viz., "that which abolishes the property of an organic element, stimulates it if given in small doses." From which it follows that if we know the nerves a drug will paralyse in large doses, we know the nerves it will stimulate in small ones; and even if we do not know the exact nerves or organic elements, but we know the

symptoms which the large doses will produce, we can infer that certain nerves or organic elements have their functions abolished, and we know the drug which given in small doses will stimulate those nerves; and if we meet in disease a collection of symptoms which resemble the results of a large dose of any particular drug, we may infer that a small dose of this drug will relieve these symptoms by stimulating the particular nerve centres or organic elements whose depression gives rise to these symptoms, although our knowledge is not sufficient for us to know which are or where these nerve centres may be.

This is simply the logical sequence of Claude Bernard's dictum. By induction from physiological experiment it is possible to adopt a method for discovering specific medicinal agents which precisely resemble that proposed by *deduction* nearly a century ago.

We have nothing to do here with the usefulness of this method or of any other. All I wish to show is that it is possible for things which may appear "*contra naturam*, and in the absence of miraculous intervention, impossible and incredible," to one generation, may be but very commonplace truths to the next. Time has given proof to the paradox, and no scientific reason remains why this particular method of investigating the actions of drugs should not take its place with other methods, and that its relative value should not be left to time and clinical experience.

But the warfare of theories has become an antagonism of individuals, and, like all other personal quarrels, the causes of contention change with its continuance. With the arguments of either side I have no concern here. There is a state of war, and while it continues it can hardly be expected that the journals which represent the main body of the profession should admit into their pages any statement calculated to advance the cause of their opponents, or insert any information likely to cause doubts as to the wisdom of the policy they advocate. Neither can they be expected to publish reviews or advertisements of books which break through the rules they lay down for themselves. From a polemical point of view this is only natural and intelligible. But when we consider that these newspapers and these books are the sources from which the practitioner obtains his

information, the question comes whether some amount of harm may not result from the fact that it is left to two or three gentlemen in London to decide what is and what is *not* good for the general practitioner to know. Is it altogether calculated to promote the moral and intellectual independence of the individual practitioner? Is it not likely that the practitioner will be left uninformed on questions upon which he should at least have an opportunity of deciding for himself?

I leave this point for your consideration. I have no doubt that instances altogether apart from the present subject will present themselves to your memory and explain my meaning.\* We are especially concerned here with its influence upon the progress of therapeutics, and progress to us means increased practical usefulness in dealing with disease. We have been repeatedly told that orthodoxy no longer exists, and that every practitioner is free to use any kind or method of treatment he pleases; but the question may fairly be asked, How far are those who convey information to the practitioner *free* to give it? A medical author has a duty to his profession, but he has also a duty to his publisher. While the medical journals tell the practitioner that he may use any remedy or method of treatment he pleases, they also take care and exercise surprising vigilance in preventing any book which contains statements of an openly heterodox character from being reviewed or advertised in their columns. Thus a condition is produced which causes the author to halt between his duty to his profession on the one hand, and his publisher on the other, with the result that the practitioner is very often left in considerable doubt and perplexity. To illustrate this we will suppose that a practitioner has a case of "vomiting" to treat which has resisted all ordinary remedies, and in the hope of finding some new light he seeks the latest work upon therapeutics. He will select Dr. Lauder Brunton's because it is not only the latest but the most highly praised of all recent productions.

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\* By a curious coincidence a discussion took place at this meeting, prior to the reading of this paper, respecting the suppression of resolutions passed at previous meetings by the organ of the Association (*The British Medical Journal*). The suppressed resolutions were favourable to freedom of opinion. The Presidential address was also refused insertion for the same reason.

He turns to the *Index of Diseases*, and under the head of "vomiting" he finds a long string of remedies, and among them many that may be new to him. There he finds that *Apomorphia*, *Bryonia*, *Carbolic Acid*, *Cocculus Indicus*, *Creasote*, *Iris*, *Pulsatilla*, *Sanguinaria*, *Tartar Emetic*, and *Veratrum Viride* are all remedies for "vomiting." Here is a "mine of wealth" indeed. The only difficulty is to decide which to select. He therefore turns up each of these remedies in the general index, and he examines in the text all the references given under each, in the hope of finding some clinical indications for their use in vomiting. But not one single word does he find about the cure of vomiting by any one of these remedies. Well, he argues, if they were not good for vomiting they would not be in the list, and so it is open for him either to begin at the beginning of the list and work downwards until he gets the right remedy, or to select one at random, or mix a few of them together. This is "scientific empiricism," that contradiction in terms which the medical journals have lately called upon us to admire so much.

But scientific empiricism has its difficulties and dangers, even with Dr. Lauder Brunton's book before us.

What dose shall we give of these drugs?

We refer to them one by one, and in each case we find the dose given is that which would be capable of exciting vomiting in a healthy person. Thus the dose of *bryonia* is given as 2 to 6 fluid drachms of the tincture. I will ask anyone here to take only one drachm of the tincture of *bryonia*, and then tell me its probable result on a patient suffering from vomiting.

This kind of thing is calculated to lead to the gravest dangers, but we must not blame Dr. Brunton. By even inserting the names of these remedies he incurred great risks, although every one of them had been declared valuable by one orthodox authority or another. If he had given the clinical indication for each, had told us that these were precisely the same as the characteristic symptoms produced by each when given in large doses, and cautioned us to use them only in very minute doses, it would have been an admission of heterodoxy, and none of those highly complimentary notices would have appeared in the medical journals.



You may say "this is mere assertion, of which it is impossible to afford proof." But I will give you proof in this instance so positive and complete that it admits of no evasion.

Dr. Lauder Brunton's *Index of Diseases* contains the remedies, neither more nor less, which were given in a book published some years ago by an American author, but this gentleman gave the source from which each remedy was taken, and in most instances he gave the dose. The English publisher of this book sent a list of his new publications to the *British Medical Journal* as an advertisement, and the advertisement was sent back, insertion being refused unless this particular book was struck out, on the grounds that it was a "homœopathic work." I saw that letter. It was shown me to explain the reason why a book, which at the time was particularly valuable to the profession, was practically unknown to them.

Until the publication of the fourth edition of Dr. Brunton's work, the profession were taught to look upon this index as an original compilation; but in order to evade the charge of homœopathy which was brought against Dr. Brunton, it was considered desirable to acknowledge the indebtedness to the American author, and at the same time to declare that this was *not* a homœopathic work.

With this question we have nothing to do. I wish to show, and I think you will acknowledge that I have shown, that a book which gave the practitioner fully, frankly and precisely information respecting therapeutic agents, was boycotted and kept from the knowledge of the profession, that in order to get any part of the information before the profession, it was necessary to suppress and conceal so much of it as to render the aborted copy not only useless but positively dangerous.

Thus we have a condition of affairs which leaves the general practitioner in doubt and difficulty concerning the actions of remedies which his homœopathic opponent has at his finger's ends, and putting the matter on its lowest grounds it is not calculated to advance his professional interests. If these remedies *are* valuable, the practitioner has a right to the fullest information concerning them, and his patients to any benefit that may be derived from them; and those who offer obstacles to such

knowledge do injury both to the interests and advancement of medical science, and incur the gravest public responsibility. Our object is to bring an end to these conditions. The medical journals urge that this may be accomplished by the homœopathic school abandoning their special journals, hospitals and societies, but I ask you, as man to man, taking into full consideration the conditions under which our profession labours, if this is reasonable?

If men like Dr. Lauder Brunton have to yield to those who control the policy of the profession, and who, for the most part, view the subject of therapeutics with considerable contempt, is it likely that the homœopathic school, who have the means of collecting and publishing clinical experience afforded by their own hospitals and journals, will voluntarily place themselves at the pleasure of those who avow contempt for their principles and practice?

There is a want of confidence on both sides—the natural product of the long and bitter warfare waged between them. The aim of the Therapeutical Society is to restore that confidence, to ensure impartiality to all who think they have any news to communicate likely to be of benefit to their professional brethren. We must be careful, therefore, to make our Council truly representative, and jealously guard against the possibility of its management falling into the hands of medical politicians of any party or clique whatever. It must deserve both the confidence of the profession and of the public, and if this can be accomplished medical sectarianism will cease, because the reason and excuse for its existence will have been removed.

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## ON PYROGEN.

By Dr. DRYSDALE.

I HAVE just read with the greatest interest and pleasure Dr. Burnett's pamphlet on "Fevers and Blood Poisoning and their Treatment, with special reference to the use of Pyrogenium," and I am encouraged thereby to give my experience with the remedy as far as it goes, and to explain that the reason why I have not continued my experiments with it was that the preparation itself

became decomposed, and our chemists have not succeeded in furnishing me with a trustworthy specimen since, so I have been waiting for the stuff, and also in the hope that some of our colleagues would take the matter up. This has now been done by a very competent hand, so I think it well to publish my cases, as they may be of some service when added to those of Dr. Burnett, and I hope this may be the beginning of a more general use of this powerful medicine. I regret that in some of my cases, which, however, were not under my sole control, it was only given in a tentative, intercurrent manner, and not alone, but even from these some data can be gathered exhibiting its power. Also I have used only the lower dilutions and the matrix, while Dr. Burnett found very good results from the 6th dilution, which I feel inclined to try when next the medicine is prepared. It is well, however, to have experience with all dilutions. With respect to typhoid fever, it may be noticed that all the cases in which it was given recovered. This is well so far; but the number is as yet too few to show that the average mortality is lowered by this medicine. Let me also call attention to the fact that, as anticipated in my original pamphlet, the beneficial action is not shown by an immediate fall of temperature alone, but by a general improvement in the essential febrile process in which the heat after a time also participates.

#### CASE I.

##### *Tubes Mesenterica with Mucous Enteritis and Hæmorrhagic tendency.*

Infant, A., æt. 2, had been under treatment for some time for atrophy of body and limbs, abdomen enlarged; large pale foetid undigested stools, at times containing blood and mucus; skin dry and harsh; easily vomits after any change of diet; can only take milk and water and a little farinaceous food. In addition to the ordinary homœopathic medicines, I gave early in January, 1880, three doses of *pyrogen*  $\phi$ , one drop internally at intervals of three days. No very distinct effect was apparent, but the blood disappeared from the stools and the head began to sweat and the body also to sweat at times. On the whole an improvement in health was visible. On the 14th January there was a relapse of the acute symptoms, and one dose of *pyrogen*  $\phi$  gtt. ij. were given, and *phosphorus* 2 every four hours. On 17th January no improvement, but no worse. Prescription—*pyrogen* 1st decimal gttij. alternately with *phos.* 2 gtt. iij.

every four hours. On 21st, decided improvement; continue medicine. On the 11th February the report was: Has continued to improve; no vomiting nor mucus, nor bloody stools; stools not so large, though still pale; skin soft and perspires readily; appetite more natural; has gained flesh and strength; abdomen still tender to touch, and some obscure fluctuation. *Arsenicum* 2 and *pyrogen* 1x alternately every four hours were now given for a week or two, then the *pyrogen* was left off. In April and May there were relapses of the acute state with returns of hæmorrhage, which ceased again under *pyrogen* 1x alternated with the otherwise homœopathically indicated remedy. This child is now ten years old, and though still requiring medical treatment, has no return of the hæmorrhagic and low febrile state for which the *pyrogen* was given, and which I think contributed much to ward off the fatal termination which at one time seemed imminent.

#### CASE II.

##### *Chronic Ulceration of the Colon and Hectic Fever.*

A young man had, since an attack of apparently perityphlitis a year and a half ago, constant diarrhoea; stools watery and foul, with, at times, discharge of blood and mucus, and shreddy matters, and at others pure pus. No perceptible focus of suppuration could be traced within reach of the rectum. Pain and paralytic weakness of leg; emaciation and hectic. For some months the symptoms have been pretty stationary, and the pulse and temperature never below 100, and often above that number. On the 21st June, 1880, there were the frequent stools as described above; excessive weak feeling across the abdomen, as if cut in two; frequent spasmodic pains in abdomen; cannot stand or walk with crutches owing to pains in the loins and legs, though he can move the legs without pain on lying down. Digestion very weak, and many things disagree. Temp. 100, pulse 100; night sweats. He had made no progress for some months, especially as regards the fever, so I gave 3 drops of *pyrogen* 1x every 6 hours. On 27th June, temp. 99.2, pulse 90, firmer and fuller; no blood or pus or shreds this week, though still frequent watery stools, with fœcal particles; little pain and discomfort in abdomen; feels and looks better. *Cont. med.* On 8th July: Has continued freer from fever, and pulse as low as 88; only once a little matter passed and no rigors. Still about eight stools daily, and the sensation of weakness in abdomen as if cut in two; still the weakness of right leg, but less pain. One dose of *pyrogen* 1x, and three doses of *ignatia* in the 24 hours. 18th July: On the whole keeps better, and stools fewer; but there is some pure pus discharged daily separate from the stools. Omit *pyr.* and give *hepar* 1 4th horis.

The action of *pyrogen* was here distinctly beneficial as regards the febrile state, and I regret that it was not used occasionally in the subsequent stages of this case ; owing to the failure in the preparation of the drug, which stopped my clinical use of it. The patient, after several years of continued homœopathic treatment, ultimately regained a fair measure of health, though he is still delicate.

### CASE III.

#### *Pernicious Anemia.*

Mrs. T., three years before, after much loss of blood during confinement, became anemic, pale and thin, and for long had diarrhœa and vomiting. On 9th December, 1879, pale and thin ; feels always cold, but feet not particularly cold to the touch. Extreme debility, and feels always tired and no energy for anything. Tongue pale ; no appetite ; dislike to animal food and all solids ; takes only milk and farinaceous liquids ; bowels rather costive. Catamenia have not returned since last confinement, now three years ago. No perceptible enlargement of the spleen. Always drowsy, and sleep heavy at night. Under the microscope the blood was very pale, and the corpuscles deficient. The white corpuscles too numerous, but not very much so. Many of the red corpuscles have a distorted and ovoid shape. *Prescription* : Continue the *ol jecoris*, which she was taking, and *pyrogen* 1st cent. dil. internally night and morning. This was continued for about two months with considerable improvement of appetite and strength and general appearance, and has been able to eat fowls and fish occasionally. No return of the catamenia. To have *pyrogen* 1st decimal night and morning. In another month the improvement was further manifested, but after mental emotion had diarrhœa, &c., which required symptomatic treatment. Afterwards the *pyrogen* was not again given, as my stock was exhausted. This patient left Liverpool, and I believe is since dead.

### CASE IV.

#### *Vomiting and Fever from Drain Smells.*

Mrs. N., æt. 70, was first seen on 15th June, 1880, when she had been in bed since the day before with vomiting, purging, and feverishness. She had constant nausea, furred tongue, and no appetite. The vomiting worse at night. *Kre.* 1, 2 dis horis. On 16th June little better ; less copious, but still constant purging ; vomiting frequent at night ; foul tongue, and total loss of appetite ; hot skin ; pulse 90 and full. I heard to-day that two days before her illness she had been

visiting a friend, and that the drain had been opened just below the window (open) of the room in which they were sitting, and a horrible smell came into the room. She says that now a dreadful sense of nausea seems still to pervade the whole body. On further enquiries it appeared that the visit was paid on a Friday, and that same night she felt sick. Next day she went about feeling ill and weak and feverish, with looseness of the bowels in the day and vomiting in the night. On Sunday and Monday the same symptoms continued, and on Tuesday I saw her for the first time. The lady she visited had also been ill, and vomited. On hearing these details I gave by the mouth one dose of 2 drops of *pyrogen*  $\phi$ , and left a similar dose to be repeated after two hours. Then the *kreosote* to be continued as before. 17th June.—It was stated that she felt perceptibly better, even after the first dose of *pyrogen*, and now the pervading sense of nausea was gone, as also the vomiting and purging. Pulse 60 and not full; temp. natural; some slight sweating; tongue still white and mouth pasty, and no appetite. Repeat 2 doses of *pyrogen*, and then to have *pulsatilla* 1 every 2 hours. 18th June.—Continues better, and no sickness or vomiting; pulse slow; tongue cleaner; only now debility and little appetite. After a few doses of *chin.-sulph.* and *pulsatilla* she was well.

### CASE V.

#### *Threatened Typhoid Fever.*

Mr. S., æt 20, left Florence on 20th December, 1879, and arrived at home, in Liverpool, on the 24th December, having had a cold journey and much exposure. He got some catarrhal symptoms, which improved so much under domestic treatment that he went to business, but he was not well, and continued pale and languid till the 11th January, when his friends heard that his travelling companion, who made exactly the same journey home, and had, like him, suffered much from drain smells at Florence, was now laid up with typhoid fever. So I was sent for, and found him with pulse 110, temp. 102.2; tongue red and and patchy; general languor; face pale; increase of fever towards evening; slight cough. But he is up and dressed and has no diarrhæa; sleeps well; no eruption and no symptoms, except dysuria in the morning. Thinking there might be some malarious or drain poison working or typhoid running a latent course, I gave *pyrogen* 1x 3 drops internally every four hours, and ordered *camphor* if the dysuria should return. On 18th January temp. still 102.2 and pulse 100. Not much change but less dysuria. The slight cough continues, and the respiration is feeble over both lungs,

but there are no other abnormal physical signs ; general languor, and he lies mostly on the sofa ; some appetite ; urine high-coloured ; some perspiration on the head for the first time since his illness. *Pyrogen* 1x and *pho.* 2 alternately 3 tis horis. On 15th January has continued to improve, and on both nights had copious general perspiration. Feels much better, and strength and appetite returning. Pulse 86. Temp. 99. He is in fact convalescent. He got *phosphoric acid* 3 doses and *pyrogen* 1x 2 doses daily for some days more. To-day heard that his friend was still ill with typhoid fever and distinct eruption. In this case it is possible that typhoid was checked at an early stage.

#### CASE VI.

The first case in which it was tried by subcutaneous injection in fever, was in the case of a colleague living at a distance, and unfortunately the details were never written out, and all the information I can give is derived from a few hurried letters. It was a young lady with a severe febrile attack, simulating typhoid, with inflammation of the cellular tissue of the neck. The chief symptoms were drowsiness alternating with excitement and delirium ; restlessness ; twitching of limbs ; pulse 116 ; temp. at 6 a.m. 103. In addition to the homœopathically-indicated medicine, 2 drops of *pyrogen*  $\phi$  were injected hypodermically into left upper arm at 6.40 a.m. on 21st January, 1880. In 40 minutes the temp. was 102.2. The next report was on 24th January, and apparently it had been used several days, but no distinct fall of temperature after each time was observed. There was, however, a general improvement in the case. The temperature, however, often varied quickly from no known cause between 101 to 103. The last report was on 1st February, when the same great irregularity of the temperature continued, and on one occasion it rose 8-10ths of a degree after a dose of *pyrogen* subcutaneously. The general symptoms were also extremely irregular, but ultimately complete recovery took place. From this very imperfect and fragmentary report we do not learn much, but we can see that subcutaneous injection can be used safely, and it may have contributed to the ultimately favourable issue of this case.

#### CASE VII.

*Case of Typhoid Fever. Supposed to have been infected through milk.*

This case occurred in the practice of Dr. Hayward, and was seen by me in consultation eight times. The illness began in a girl about five years old on the 18th October, 1880. On the 19th she was found by Dr. Hayward with temp. 105 and pulse



160. Pres.: *Ars.* and *bel.* alternately. On 20th to 28rd, temp. from 105 to 104 night and morning, and pulse 150 to 140. Pres.: *Baptisia* 1x. On the 24th I attended also, and found the temp. 105.2 evening, and 104.2 morning; pulse 140. *Pyrogen*  $\phi$  was then given in the dose of 2 drops by the mouth 4 horis, till the 26th. On that day the temperature was 105 to 104, and the pulse and general febrile symptoms had remained stationary for two days, but the abdominal symptoms had become more prominent, so *iodine* 1 was given every four hours, and one dose of *pyrogen* night and morning. This treatment was continued till the 31st. On the 28th, temp. 104, pulse 145. On the 29th, temp. 104, pulse 130. On 30th, temp. 103, pulse 130. On the 31st, temp. again 104, and pulse 140. So the medicine was changed to *rhus* 1x 4 horis and one dose of *pyrogen* night and morning. The *pyrogen* night and morning was continued till the 4th November, and the medicine changed to *arsenicum* on the 2nd. The temperature gradually declined to 102 on the 24th, and as head symptoms began thus to predominate, *stramonium* was given night and morning instead of *pyrogen*, and the *arsenicum* continued the rest of the 24 hours. After that, under *arsenicum* and *pulsatilla* the symptoms steadily declined, and she was convalescent on the 16th November.

Here the *pyrogen* was given in 2-drop doses of the matrix preparation internally and alone for two days, beginning on the seventh day of the disease, and then continued twice a-day from the ninth till the nineteenth day, in addition to other medicine. The disease as a whole was certainly not cut short in these two days, but the febrile symptoms ceased to increase, and the subsequent progress of the case was favourable. How far this remedy may have contributed to the favourable issue cannot be determined without the evidence of a large number of cases.

#### CASE VIII.

##### *Pyemic Fever.*

Mrs. S., æt about 40, was confined of her ninth child seven weeks ago. As reported, was seized on the third day after with typhoid fever, which was treated allopathically, and went through its stages pretty well, without disturbance of the lochia. But when apparently convalescent about two or three weeks ago, began to have febrile paroxysms, like ague fits, once, and then twice in the 24 hours, which continued in spite of large doses of *quinine* and other allopathic means, so I was called in on the 30th October, 1881, about noon. She

lies supine on the back, with staring expression of the eyes and contracted pupils; the skin of a dark earthy hue, brownish and sallow, which they say is most marked in the morning and goes off towards evening; tongue whitish, dry and glazed; great thirst; at times delirious at night, but sensible now. Disgust for all animal broths which make her retch, but no nausea or vomiting otherwise. Pulse 112 to 130, dicrotic and febrile as per tracing:—

Temp. 100. Bowels scantily moved with injection; urine yellow. The febrile paroxysms are reported to be as follows: First, shaking and chills all over for about an hour, during which time the thermometer sometimes does not go down, while at other times, when the chill is more felt, it does. Then comes dry heat for about two hours, with rapid pulse, thirst, and, at times, delirium, then follows sweating for an hour or more with some relief. No diarrhoea or vomiting or increase of the urine after the paroxysms. About three days ago, as reported, she had a violent pain at the r. hypochondriacal and cœcal region, and the temperature rose to 105, then declined to 103, then varied as now from 102.6 to 100, but there was no increase of the febrile paroxysms during the continuance of the violent pain. A blister was put on the side and kept open. The soreness hinders finding whether there is deep-seated tenderness at side, nor can dulness be detected there, but the belly is slightly tympanitic. The diagnosis had been given as blood-poisoning, and *quinine* continued, and then *opium*, *hydrocyanic acid* and *bismuth* given two days ago, with it is said sleep and relief to the chills, but no less of the paroxysms of fever. The respiration is unaffected, and there is no cough or sign of any abnormality in the chest. As the animal broths seemed to pall, ordered milk, farinaceous and fruit diet. *Ars.* 3 decimal 2 dis. horis, and a subcutaneous injection of gtt. iij of *pyrogen* in the forearm immediately. At the evening visit of the 30th, pulse 116,

full and bounding; temperature 100. No chills or heat have come on, and she feels altogether better; complexion clear as

before in the evening, has taken more food, bowels not moved, urine free and clear; some shooting pains from right to left lumbar regions of abdomen behind; no inflammation at the puncture. Cont. med. and gave one dose of *pyrogen*  $\phi$  gtt. iij. by mouth. 31st Oct., noon. Pulse 102. Temp. 97. A restless night but no distinct fever, but she feels cold now

as if a chill was impending, but there is no shaking. Complexion usual in the morning; and much distension and but the soreness of the testing for deep seated pain a dislike to apples and le vomited. To have Lieb extract and an enema, at 2 dis. horis, also one dose iij was injected into evening. Pulse 96, and temp. 97.5. She feels better did not go on to rigor, by slight heat and short shadow of the former. Tongue moist and some injection brought a large relief. Cont. med. and *pyrogen*  $\phi$  to arm. 1st pulse 108, not dicrotic merely weak. No return of rashes, but skin soft, with moisture; sleeps quietly time; the grey earthy color not returned and she is better. There is uneasiness at sharp hiccuping-like paroxysms of eructation; sometimes bowels not opened; no return of the fever seemed to be. *bel.* 1 was omitted and *bel.* 1 bry. 1, every hour, was given. brandy every hour and a good night and much hiccuping eructation; bowels moved with injection, dark colored. Has taken more food, but this forenoon there seems a slight

return of the grey sallow skin, and the pulse has been 130 and the tracing dicrotic. No tenderness in the belly, but the liver, which can be now percussed, shows enlargement. One

dose of *pyrogen* as before was injected into left forearm, and *bryonia* alternated with *arsenicum* were given internally. Nov. 3rd. Complexion pale, not earthy; pulse 102, weak, but not dicrotic; temp. 97.8. No *pyrogen* given, but as

there was much nausea and uneasiness in the stomach, and oysters had disagreed, gave *tar.* 1 alternately with *bry.* 1, and 3j brandy 2 dis. horis. In the night of the third was sent for and found there had been a return of the rigors, with vomiting of bile, then quick pulse and temp. 105. I could find no local cause for the relapse, but the pulse was weak and rapid, and respiration rapid; nausea and general prostration and collapse. Gave *aconite* and *ipéc.* alternately every half hour and brandy every hour. On the 4th in the forenoon found her better, P. 96, temp. 98. Tongue moist, less sickness, and altogether better, though has had little sleep. Again searched for any focus of septic infection which might cause return of the febrile paroxysm of yesterday. No enlargement or dulness or tenderness of uterus or appendages were found, and the os uteri open to the extent of the tip of the finger, soft and painless; the sound penetrates easily and without pain to  $2\frac{1}{2}$  inches. A week before I saw her she is reported to have had a catamenial flow for a week, but it did not affect the paroxysms. There is now no discharge of any kind, but the vagina is soft and moist. Involution seems complete. *Atropin* 8x and *ergotin* 1x alternately, and one injection of *pyrogen*. In the evening of the 4th found there had been a short return of the earthy complexion, but no chill or fever, and the temperature had been down to 96, and was now 98; skin cool and moist and pulse 100; has had refreshing sleep and no pain anywhere, but much nausea and retching if she takes more than a few spoonfuls of food.

Pupils have been much contracted since I first saw her, but they are not so much so now. No *pyrogen* given. Continued medicine. After this the fever and symptoms assumed more the character of exhaustion from inanition, for no rigor occurred since the 3rd November, nor any complete

febrile paroxysm, though the heat rose to 103 three times and there was copious perspiration several times, yet the inability to take or digest food continued to increase, and there was much nausea with occasional vomiting and continual decline of strength. On the 6th November an aphthous or diphtheritic exudation appeared on the throat and palate, and came and went till the end. From the 6th there appeared little prospect of recovery, and the treatment was mainly symptomatic, with stimulants and nourishing broths, &c. An injection of *pyrogen* was used still on several days, and twice on the 12th and 18th November. On this last day a drop of blood was taken from the finger and it was very pale. When dried on the slide it was washed with methyl-violet and mounted in Canada balsam. On examination with the microscope no micrococci or bacteria could be found. She died on the 14th. No autopsy could be procured, which is much to be regretted, and thus the question of a focus of pyemic infection remains unsettled. It was desirable to ascertain whether such might not have existed in the liver. On the 9th November signs of pleuritic or pulmonary disorder were carefully searched for with negative result. The heart sounds were also normal.

In spite of the fatal result of this case, I think some evidence of the power of our remedy was afforded by the striking subsidence of the febrile paroxysms in the first days, and, in fact, they never returned in their complete form, and for the first week I was in great hopes that the disease had been mastered. The fatal event was probably owing to exhaustion from the long duration of the illness, or from some undetected focus of suppuration. Any way, this case is instructive, for it shows that the *pyrogen* may be injected subcutaneously without fear of local suppuration, which did not occur from any of the punctures. Nor is the blood infected by bacterial growths. I am doubtful also if the preparation was fully active, for my stock was exhausted in the second week, and was replenished from Thompson & Capper's stock, which has since been found to have lost its power.

For this reason I ceased my experiments, intending to wait for a fresh stock. But for the next two or three summers Thompson & Capper tried to obtain a genuine specimen according to the process No. 1, originally given by me. But they did not succeed, for what reason we do not know, and for the last three or four years the subject has slipped from my attention.

But since Dr. Burnett's pamphlet, a new interest has been excited, and this summer every effort will be made to get an efficient preparation. I hope, at the same time, if such is the case, that a considerable number of our body will procure it and carry it in their pocket cases, so as to be able to join their experience to Dr. Burnett's and mine. With respect to the preparation, I think it would be well if the matrix, when once obtained, should be tested as to its power of killing mice at intervals of a month or oftener, to ascertain how long it will keep perfect, and that fresh dilutions may be made whenever that period is overstepped. With respect to the use of glycerine I do not quite understand Dr. Burnett's objection to it, as it seems quite as neutral as alcohol or milk sugar. But, of course, it would be quite easy, since alcohol precipitates *sepsin*, and therefore would not do for the lower dilutions, to make the lower dilutions up to 8 cent., with water, and beyond that spirit of wine might be used. For the lower dilutions and for the preservation of the pure *sepsin*, *glycerine* must still be used, if they are to be dispensed.

But it is possible that the pure *sepsin* might be preserved in the dry state in closed bottles over *chloride of calcium*, and dilutions be made with water when required.

It is quite possible also that the dilutions above 8 centesimal made with spirit of wine may keep unchanged for a longer time than the watery, or even glycerine, matrix preparation.

For those who wish to try the *pyrogen* clinically I would recommend reading my original paper on the subject in the *British Journal of Homœopathy*, vol. 38, page 140, or published as a separate pamphlet by Baillière, with the title "Pyrexin or Pyrogen as a Therapeutic Agent," 1880. Also Dr. Burnett's recent pamphlet "Fevers and Blood Poisoning and their Treatment, with special reference to the use of Pyrogenium." Jas. Epps, 170, Piccadilly. But in order that the whole clinical evidence should be in the hands of the readers of this present paper, I give here an outline of Dr. Burnett's cases and those contributed to Dr. Burnett's pamphlet by Dr. Shuldhham.

Case 1 was a girl of 12 years old who had been treated with the ordinary homœopathic medicines for febrile symptoms, which, however, steadily increased,

and the temperature rose till the fifth day, when the disease was evidently a fever of the gravest character if not true typhoid. On the fifth day with a temperature ranging from 104 to 104.4, the other medicines were all left off and *pyrogen* 6 in five drop doses was given every two hours and continued till the ninth day, and then changed to *pyrogen* 12 every three hours till the twelfth day, when the temperature was 98.4 and convalescence had set in. During that time the decline of the temperature was steady and satisfactory though it did not fall at once on the first day of trying the medicine. For on the sixth day it rose from 103.6 to 104.4, on the seventh it was from 101 to 103, on the eighth from 98.2 to 102.4, on the ninth from 99.8 to 100.8. From this it further declined steadily till it was 96.2 on the fourteenth day. Dr. Burnett remarks, "the febrifuge and otherwise curative action of the *pyrogen* was soon manifest, and the normal temperature was reached within a week and then came the sub-normal reaction. I personally am satisfied that the remedy broke up the fever, and humanly speaking saved the young lady's life."

Case II. was the successful intercurrent use of the *pyrogen* for febrile symptoms in a case of chronic hypertrophy of the liver with old peritonitic adhesions, and adhesions of Glisson's capsule in a middle-aged man.

Case III. was a boy of 13 with febrile symptoms, in whom the giving of *pyrogen* was followed by a distinct drop of the temperature of nearly 3 degrees.

Case IV. was one of typhoid fever, in which *pyrogen* 6 in five drop doses every two hours was begun on the sixth day and continued alone till convalescence. The temperature went down already in a few hours, becoming practically normal in three days, and the patient slept for three hours after the sixth dose. Dr. Burnett adds: "I do attach very great importance to this case, as it was manifest that the *pyrogen* acted curatively, even though we had taken no notice of the temperature at all; the patient soon got sleep, picked up and wanted food; kidneys and bowels and skin all told that the fever was not being treated merely by it, but jugulated, snuffed out, if I may so say.

Cases V. and VI. "The young ladies had been under allopathic treatment and the fever would not lessen. Having them both in adjoining rooms, and both cases



being clearly of common origin, whatever that may have been, I gave the worst patient *pyrogen*, as in the last case, and *baptisia* to the less bad one. In three days the patient taking *pyrogen* was feverless; and the one on *baptisia*! Her temperature had gone on steadily rising and was 104 or thereabouts. 'Why did you not give them both *pyrogenium*?' said the mother. I did not enter into the question, but ordered *pyrogenium* then for the other, and down went the temperature, as in the previous case."

Dr. Shuldham adds his experience of the lowering of temperature in a consumptive case repeatedly by *pyrogen*. Also the favourable effect of *pyrogen* 6 in a case of diphtheria in a boy. In 24 hours the temp. had fallen from 102.5 to 99, and a speedy recovery took place. Also the sister of this patient began with sore throat and fever, which soon subsided under *pyrogen* 6. The same happened with the mother of these children.

Since the above was in type the following case has been communicated by Dr. Hayward:—

*Case of typhoid fever.*

A delicate, phthisical-looking boy, aged 16 years, evidences of congenital syphilis.

Admitted into Liverpool Hahnemann Hospital, under Dr. Hayward, on evening of May 7th, 1888, the ninth day of the fever, having been treated some days with *baptisia* 1x. He presented the usual symptoms of typhoid, with considerable bronchitis and incessant dry cough, much delirium and great thirst, and a good deal of complaint of pain in back. Pulse was 100 and temp. 103°. *Bap.* 1x, m. iij every two hours was ordered, with milk diet.

Next day, 8th May. Morning pulse 94, temp. 101.4°. At the visiting hour, 3.30 p.m., being 10th day of fever, he was making great complaint of pain in back, and region of kidneys was very tender, so that he cried out on least pressure or movement; tongue was very dry, red and raw along centre; thirst was intense; much delirium; had not passed any urine or stool since admission. *Bap.* continued and water compress to abdomen. Evening pulse 96, temp. 103.4°

May 9th, that is 11th day of fever, morning pulse 96, temp. 101°. At 3.30 p.m., the pain and tenderness in

region of kidneys being worse and no urine having been passed since admission, *canth.* 3, mj, every 2 hours was ordered, and a large hot linseed poultice to be applied to back, with plenty of warm barley water to drink. Was very drowsy and delirious. In the afternoon passed some urine, and again in the evening. Evening pulse 94, temp. 101.8°

May 10th, 12th day. Morning pulse 96, temp. 100°. At 3.30 p.m. was making less complaint of back, less thirst. Continue *canth.* every 2 hours. Evening pulse 108, temp. 101°.

May 11th, 13th day, morning pulse 94, temp. 101.2. Had had some sleep; is less delirious. 3.30 p.m., symptoms about as yesterday, passes urine but had no action of bowels. To have warm soap-suds enema. Cease the *cth.* and have *ars.* 3 every 2 hours. Evening pulse 96, temp. 101°.

May 12th, 14th day. Morning pulse 100, temp. 101°. 3.30 p.m., much the same; continue same treatment. Evening pulse 100, temp. 102.4°; bowels acted yesterday after enema and to-day spontaneously.

May 13th, 15th day. Morning pulse 96, temp. 99.4°. 3.30 p.m., about same; continue same treatment. Evening pulse 96, temp. 102°.

May 14th, 16th day. Morning pulse 92, temp. 99°. 3.30 p.m., about same as yesterday; continue. Evening pulse 94, temp. 102.6°. It was now decided to put him on *Pyrogenium* procured from Messrs. James Epps & Co., as recommended by Dr. Burnett, as soon as it could be got.

May 15th, 17th day. Morning pulse 90, temp. 99.4°. 3.30 p.m., Loose cough very troublesome; otherwise much the same; phosph. 3 every two hours. Evening pulse 100, temp. 102.8°.

May 16th, 18th day. Morning pulse 94, temp. 98.6°. 3.30 p.m., cough somewhat less, otherwise about same; *Pyrogenium* 5 cent. m. v. every two hours. Evening pulse 100, temp. 101.4°.

May 17th, 19th day. Morning pulse 96, temp. 102°. 3.30 p.m., appeared to be less ill; continue. No action of bowels; to have enema. Evening pulse 90, temp. 99.2°.

May 18th, 20th day. Morning pulse 88, temp. 99°. 3.30 p.m., appeared altogether improved; continue. Evening pulse 88, temp. 100°

May 19th, 21st day. Morning pulse 88, temp. 99°. Evening pulse 96, temp. 100°.

May 20th, 22nd day. Morning pulse 84, temp. 98.8°. Evening pulse 82, temp. 98.8°.

May 21st, 23rd day. Morning pulse 84, temp. 98.8°. Evening pulse 82, temp. 98.8°.

May 22nd, 24th day. Morning pulse 80, temp. 98.2°. Evening pulse 88, temp. 98.2°.

May 23rd, 25th day. Morning pulse 80, temp. 98°. 3.30 p.m. It being now considered that the fever was subdued; and in view of some remaining tenderness of the glands of Peyer, and of the syphilitic constitution, he was put upon *merc. cor.* 3 every two hours. Evening pulse 84, temp. 99.2°.

May 24th, 26th day. Morning pulse 80, temp. 97.8°. 3.30 p.m., bowels not having acted since May 17th to have an enema. Evening pulse 84, temp. 96.6°.

May 25th, 27th day. Morning pulse 80, temp. 98°. Evening pulse 84, temp. 98.2°.

May 26th, 28th day. Morning pulse 84, temp. 98.2°. Considered to be convalescent.

While my attention was recently directed to this subject, I found in my cabinet the product of the mode No. 2 of obtaining *sepsin* described in my pamphlet above alluded to, so I gave it to Mr. Isaac Thompson, of Thompson & Capper, with the request that it should be carefully tested. I have just received the report that this was done on the 7th June, 1888, with most satisfactory results. This was unexpected after the comparatively early loss of power of the *sepsin* prepared by No. 1 method. But it is extremely gratifying, as we have thus secured a more pure and stable preparation of *sepsin* which has stood the test of nine years kept in a stoppered bottle in the strength of one per cent. solution in glycerine with one third water. I propose, therefore, to adopt this as the standard 1st centesimal dilution of *sepsin* or *pyrogen*, and that dilution should be carried up from this to the 6th centesimal. The dilutions

up to the 3rd centesimal should be made with glycerine and one third water. Beyond that proof spirit will be better, as more convenient to dispense and carry in our pocket-cases than glycerine. Messrs. Thompson & Capper are prepared to furnish from the 3rd centesimal dilution upwards of this preparation. They have also begun the preparation of fresh batches of No. 1 and No. 2.

For those who may not have access to my original pamphlet on *Pyrogen* I transcribe process No. 2, which was prepared by Mr. George Paterson, analytical chemist of Liverpool, and may be therefore called "Paterson's process," as it yields a more pure and stable preparation of *sepsin* than Panum's process, which I followed in making No. 1.

*Pyrogen* by Paterson's process. "A maceration of  $\frac{1}{2}$  a pound of lean beef, after standing fourteen days in July, 1879, was strained through a linen cloth and measured 12 ozs., of a deep and clear solution. This was at once precipitated with 12 ozs. of strong *spirits of wine* (98°), mixed thoroughly by stirring and set aside to stand all night. The precipitate was buff coloured and very bulky, taking up nearly half of the glass beaker. The supernatant alcohol was decanted off and the precipitate drained upon a filter, then washed off into a beaker with boiling spirit, made up to 12 ounces and boiled over the lamp for five minutes with constant stirring. Filtered and washed with boiling spirits. The precipitate was removed to a clock-glass and kept *in vacuo* over strong sulphuric acid for 36 hours, during which time it shrivelled into a small compass and became blackish. It weighed 42 grains. Now treated with 10 parts of cold water for an hour in a mortar, triturating constantly. Then filtered and washed twice over. The two filtrates and washings were then evaporated in a water bath to dryness and weighed 1.5 grain. This was triturated in an agate mortar with 150 minims of a mixture of one part of water and two parts of *glycerine*. This was marked *sepsin* or *pyrogen*, 100 minims=1 grain. Of this 3 minims are fatal to mice."

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## REVIEWS.

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*Pathogenetic and Clinical Repertory of the most Prominent Symptoms of the Head, with their Concomitants and Conditions.* By C. NEIDHARD, M.D. Philadelphia: F. E. Boericke. 1888.

OF the need of a repertory or index of the symptoms produced by drugs, no one, who has ever endeavoured to select a medicine exciting symptoms closely like those of the patient to be prescribed for, can have any doubt. The only question that can arise is that relating to the plan upon which the repertory is constructed. In our search for a true similar we require not only a medicine which can give rise to the kind of pain or suffering of which our patient is most anxious to be relieved, but one which, in addition, does so in association with symptoms present in other parts and organs, and under conditions of aggravation or relief similar to those which obtain in our patient's case. In no class of cases is it more important in order to cure to prescribe a true similar than in headaches and neuralgias, and to do so is oftentimes as difficult as it is essential. Nevertheless, few cases reward a patient research more thoroughly than do those of headache or neuralgia.

In the book before us Dr. Neidhard has brought his thorough knowledge of *Materia Medica* and his fifty years of clinical experience and teaching to bear upon its preparation. He has here collected together in a well printed volume of nearly 200 pages all the more prominent and frequently met with head symptoms which appear in our drug-pathogeneses. These are given in association with the concomitant symptoms excited in other parts at the same time as those of the head, together with the conditions under which they occur; while, in addition, the concomitant symptoms and conditions are also indexed in separate chapters. So that by looking up a concomitant symptom it will be quite possible to be referred to a medicine which additional research may prove to be the similar we are seeking.

Such works as these are most useful in facilitating the study of *Materia Medica* in relation to our daily work. Care and accuracy are of course essential, and that both will be found in this *Repertory*, the fact that the symptoms have been collected and arranged by Dr. Neidhard is a sufficient guarantee.

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## MEETINGS.

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### FAREWELL DINNER TO DR. ROTH.

At the Criterion, on Wednesday evening the 20th ult., a complimentary dinner was given to Dr. MATHIAS ROTH, by his colleagues and friends on the occasion of his retiring from

active practice in London. The arrangements had been most efficiently made under the direction of Dr. C. Lloyd Tuckey.

Dr. DUDGEON presided, having Dr. ROTH on his right and Dr. DRYSDALE, of Liverpool, on his left, and the following were among those present: Mr. Cameron, Dr. Dyce Brown, Dr. E. T. Blake, Dr. Wyld, Dr. G. Blackley, Dr. Jagielski, Dr. J. H. Clarke, Dr. Harper, Dr. Buck, Dr. Cronin, Dr. Süss Hahnemann, Dr. Cooper, Dr. C. L. Tuckey, Dr. Sullivan, Dr. Duka, Dr. Kennedy (London), Dr. Mackintosh (Torquay), Dr. Hughes (Brighton), Dr. Pope (Tunbridge Wells), Dr. Clifton (Northampton), Dr. Pullar (Norwood), Mr. Butcher (Windsor), Dr. Hall (Surbiton), Dr. A. Drysdale (Cannes), Major Vaughan Morgan, Dr. Leitner, Messrs. Diosy, Politzer, Yates, Sassé, F. Roth, Cross, Wright, Sanderson, P. Ness, Bouverie Pusey, and Wright.

Letters expressing regret at their inability to be present were received from Dr. Campbell, President of the Normal School for the Blind at Norwood; Drs. Collins, Neild, Bradshaw, Guinness, Harmar Smith, Hayward, Moir, Drury, Chevalier de Wartegg, &c.

At the conclusion of dinner,

Dr. DUDGEON proposed the health of Her Majesty the Queen and the Royal Family.

The toast having been drunk with enthusiasm,

The CHAIRMAN said: Gentlemen, I have now to beg you to fill your glasses in order to proceed to the special business of our pleasant gathering, to wish health, prosperity, and long life to our old and esteemed friend and colleague, Dr. Roth. (Loud applause). Forty years ago, or nearly so, Dr. Roth was so unfortunate as to be a Home Ruler in his own country, and to have suffered imprisonment for his political opinions. I do not know whether he was accommodated with a plank bed (laughter), or whether his sentence on appeal was remitted (much laughter), or whether he escaped by virtue of his own personal prowess. Some of us can remember with what enthusiasm forty years ago Hungarian patriots were welcomed to this country. (Hear, hear). We received Dr. Roth among them with a hearty welcome. We loved him for the dangers he had passed. We loved him also because he believed in and practised the medical system which is known as homœopathy. In addition to practising successfully that admirable system, Dr. Roth adopted a special mode of treating various diseases which he had proved, and which still proves most effectual for the cure of many cases not ordinarily easy to cure. And a most genial and valuable colleague he has proved. (Applause.) Whenever help has been necessary for the promotion of any cause connected with

homœopathy he has always assisted, by writing, by exertion, or by his purse. (Cheers.) Those of you who belong to the British Homœopathic Society know how much we valued him as our President last year, and how he gained the esteem of all by his geniality, and the great ability with which he discharged the important functions of that office. Some of us had the advantage of being present with him at the International Homœopathic Convention two years ago at Basle, and know what signal assistance he rendered at that Congress by his varied knowledge of languages, and how he practically acted as general interpreter. (Cheers.) One of our American colleagues was heard to remark that there had been nothing like it since the historical day of Pentecost. (Laughter.) But the activities of Dr. Roth's life have not been exhausted by homœopathy or even by medicine, you know how ardently he has devoted himself to the prevention and cure of various deformities or defects of the human body, and how earnestly he laboured to improve the physique of the soldiers as well as the children of this country. His many contrivances and appliances for this most beneficial work are well-known to us all, and have repeatedly been awarded the highest prizes at sanitary exhibitions. We know how he was instrumental in founding the Ladies' Sanitary Association, how he delivered lectures which brought down upon his head the wrath of our cutting contemporary the *Lancet*, how that paper declared in its anger that the Ladies' Sanitary Association would be ruined if it permitted its lectures to be delivered by such a heretic. The *Lancet* did not know that the modern system of hygiene was really due to a still greater heretic, the founder of the homœopathic system of medicine. (Loud cheers.) Years before the German hygienists promulgated their views, he had written a work on hygiene which may be read with profit to-day. But that is not the only thing outside of medicine in which Dr. Roth has distinguished himself. He has devoted himself largely to works of a philanthropic character, especially to means for the prevention and cure of blindness. The prize offered some years ago for the best essay on the causes and prevention of blindness originated with him, if the money did not come from his own pocket, the suggestion was certainly his own. Some of the most famous oculists in Europe competed for that prize, and the winner was Professor Fuchs, now of Vienna, formerly of Liège. It was extensively circulated and has done a great deal of good, and I doubt not has saved many eyes from blindness. Dr. Roth now retires from our midst. The loss we shall all sustain by his retirement will be most grievously felt by the British Homœopathic Society,



of whom he has always been a most valuable member. But his absence will be regretted by many others. Those philanthropic societies which are really the children of his brain—I don't know what they will do. I trust he has made some arrangement that those beneficent works will go on. Our hearty good wishes will follow him (hear, hear), and we shall always be glad to see him again (applause) whenever he comes, as we hope he will, to visit this country. Gentlemen, I give you, "Our colleague and friend, Dr. Roth."

The toast was drunk with honours.

Dr. ROTH in responding said with considerable emotion: Mr. Chairman, gentlemen, colleagues, and dear friends, I am much obliged for the kind manner in which you have drunk my health, and while thanking you from my heart must really protest against those great praises which our esteemed chairman and friend, Dr. Dudgeon, has so kindly showered upon me. I deserve all those flattering remarks very much less than he has let you know. But I will leave them and turn to other matters, which may interest you on this to me gratifying occasion. You know that we have among us a Homœopathic League which issues tracts, and among those tracts one has received a large share of public attention, namely, the one called "How they were converted." In that pamphlet the very curious fact is set forth that all medical men of the old school who have enquired into the new method of therapeutics, have adopted the practice of the reformed school, nick-named the homœopathic. It was originally a nick-name. Just as the Society of Friends, from being nick-named Quakers, have come to possess that as their distinguishing name, so the new school, nick-named homœopaths, has come to adopt the term not kindly applied in the first instance. Well, this curious fact has repeated itself, that wherever a medical man has enquired into homœopathy, he has become a homœopath. (Hear, hear). In families it has been the same. Wherever there has been a sick child treated homœopathically, there the father, finding that the child got well in a more pleasant and speedy manner without leeches, without bleeding and nauseous draughts, becomes a homœopath. I could point out in this assembly fathers, who, in this manner, have been converted. (Hear, hear.) But I do not want to speak of my own conversion. As a student I was leeches and bled to a degree which made me a sufferer for long after. But I would speak of another conversion, namely, that of the conversion of a medical man into a political refugee. In 1849, during the struggle for independence in Hungary, an Austrian army *corps* under General Schlick was beaten at the battle of Tallya by the Hungarian General Klapka, they

retreated to Kassa and fled towards Torna, leaving about 800 wounded Austrians and Hungarians behind them. These poor fellows were without beds or even straw. This fact alone is sufficient to prove in what a miserable condition they were left by the Austrian General, who left none of his medical officers behind to attend to them. The magistrate of the town of Kassa, in which I resided, invited the medical men to have pity on them and to undertake to render them such aid as might be possible. I and another colleague had 150 men to attend to, absolutely without any proper provision for meeting the requirements of their necessity. A Hungarian ladies' committee was formed—to give such help as could be secured at the time. I was elected to go to the seat of Government to be appointed Deputy Inspector of Hospitals with full powers to order everything that was considered necessary for the medical care of the soldiers. On my arrival at Debreczin, at that time the seat of the Hungarian Government, the evening was too far advanced for me to see the Home Minister. I passed the evening at a concert, where I met the son of a well-known statesman of high rank, whose family I attended professionally. This young man was engaged in the office of the Minister of Foreign Affairs, Count Kasimir Battyani, cousin of the unhappy Hungarian Prime Minister, who, notwithstanding his innocence, was condemned to death by the Austrian Commander-in-Chief. In the course of conversation with the young baron I was asked if I knew anyone who could speak foreign languages, who could be sent abroad with important despatches for the political agents, Count Teleki in Paris and Mr. Pulsky in London, who were working in the interests of the Hungarian cause. I at once offered my services, and on the following day, having made such arrangements as I could for the wounded soldiers in Kassa, I departed with the papers entrusted to me by the Foreign Minister, who very kindly reminded me of the danger I ran of falling into the hands of the Austrians while crossing the frontier. As thousands of my countrymen were then offering their lives while fighting for their liberties, I did not hesitate to run the same risk for my country. There were then no stage coaches or railways, and the only way of travelling quickly was by obtaining relays of horses, changing them every ten or twelve miles. In this I had the assistance of the Government Commissioners in the different counties through which I passed, until I arrived at the Austrian frontier in the county of Trencson, when the Hungarian patriots intended to smuggle me across the frontier as the servant of a Moravian family. Being disappointed in this, I was transported over

the mountains, and arrived towards evening at a Moravian frontier village, where the forester of a friendly family undertook to escort me further. All my papers were left with this man, with the full knowledge that he would incur the greatest danger if any of my papers and valuables were found in his possession. At midnight, with a clear moon overhead, I started in a peasant's cart on a seat of straw, and journeyed on until at 4 in the morning I arrived in the neighbourhood of a little town, when I was accosted by a *gens d'armes*, who demanded my passport, an article which I did not possess. Consequently I was arrested and brought before the judge of the district, who, after a strict examination, sent me under escort to a larger town, where I was re-examined, kept in prison during the night, and sent off next morning to the fortress of Olmütz. Here I had the involuntary pleasure of being detained in prison for a fortnight on prison fare, and had sometimes the company of other political prisoners, some of whom were spies whose business it was to find out my real mission. After re-examination here I was, with the assistance of friends in Vienna, sent under guard to that city, where the chief official gave me my liberty on *parole*. A few weeks afterwards the Russian invasion crushed the previously victorious Hungarians, and the cause of Hungary was lost. It being most important that I should leave Vienna, I applied for a passport. The Solicitor-General of Austria made the fullest enquiries regarding my past life in my native town. No less than sixty witnesses were examined about me; of these fifty-nine spoke in my favour, and expressed the warmest regard for me, while the sixtieth, who was the proprietor of the house in which I lived, and the Lord-Lieutenant of a neighbouring county, said "Dr. Roth is a man of Republican principles." After several delays the passport was granted, and I left for Paris, whence, after a consultation with my brother, Dr. David Roth, the well-known homœopathic physician, I started as a political refugee for London, where I presently arrived without means and without friends. Never can I forget the kind welcome and encouragement I received. Two of my English colleagues especially I must name. One was the late Dr. Chapman (cheers) a man of very high mental and moral qualities. The second was our esteemed chairman, Dr. Dudgeon (loud applause). It is my duty to say that Dr. Dudgeon has been my sincere friend. Everything he could do for me he has done. He has helped me in every way. I shall not praise him before his face, but I will always praise him behind his back (cheers). Soon after I came to England I was told by Mr. Walter Broadwood that to succeed in practice in London, one must either belong to a hospital, or write a book, or be a specialist. I did all three.

I became attached to the Hahnemann Hospital, I wrote a book, and I cultivated a speciality. Dr. Dudgeon has anticipated me, or I wished to make use of this occasion for a little egotism and to speak of my own children. The first child I will mention is the Ladies' Sanitary Association. The object of that association was to remove the general ignorance existing on the subject of health. That association has issued about 2,000,000 of tracts, and has done much to popularise a knowledge of the laws of health by lectures and sanitary missionaries. In establishing that association I had the invaluable assistance of three noble ladies, Lady Mount-Temple, formerly Mrs. William Cowper; the second, who joined through the advocacy of Dr. Dudgeon, was the Lady Ebury, and the third Madame la Comtesse de Noailles *née* Trevelyan. Those ladies were much reproached by their acquaintances for joining in the movement. Notwithstanding all difficulties the association made and is making progress. It is now 81 years old and able to stand on its own legs, though I have still to ask the support and efforts of medical men, and all who take real interest in the welfare of the people to help this association to popularise useful hygienic knowledge. (Hear, hear). The second child is the introduction of scientific physical education into schools, colleges and universities. In 1854 I wrote to Lord Granville, at that time President of the Privy Council on Education—I did not at that time know that this Council had only power to make suggestions. Since that time I have had much to do with all Ministers of Education, until Mr. Forster introduced his Education Act, when I dedicated to him a pamphlet advocating the importance of physical education being carried out to the same extent as the three R.'s. In 1862, during the International Exhibition, I exhibited for the first time the scientific means for rational physical education. In consequence of this the committee of the United Service Institution asked me to lecture on Scientific Physical Training. I did so, and my lecture was published in the journal of the Institution. Col. Fletcher placed at my disposal several soldiers, and I showed at that time, practically, the mode of scientific training, based on Ling's system of free exercises, which, by themselves and without any gymnastic apparatus, are quite sufficient for the harmonious development of the human body. Besides this, 30 years ago, I made in the 2nd Life Guards while under the command of Col. McDougall, some experiments with these free exercises. All this was done quietly, as General Browne, a very strict disciplinarian, was then Adjutant-General, and I had persuaded the Colonel to dispense with the tight stocks and jackets so as to enable the recruits

to go through the exercise. Notwithstanding many lectures, and courses of instruction to school teachers, very little progress was made till after repeated trials the School Board of London was induced to do something for physical education. At present about 60,000 girls in the Schools of the London Board are instructed in the elements of physical education. About eleven years ago I sent my eldest son after finishing his medical studies abroad, provided with introductions to our Ambassadors and Ministers, and prepared a scheme of questions relating to the state of physical education in various countries. The Ministers of Education in Belgium, Austria, and Prussia, in which country at that time the well-known Dr. Falck filled that office, answered my questions fully, just as if they had been issued by the Government itself. After having made these enquiries I accused the Educational Department, as well as Parliament, in a pamphlet published in 1879, of neglecting physical education and hygiene, and from statistics previously published I proved the progressive degeneration of the people at large, showing that the standard of the soldier had been twice lowered; 40 per cent. of the men who had accepted the recruiting sergeant's shilling could not pass the surgeon; more than half of the boys desirous of entering the navy had neither the height nor girth of chest requisite for that service. I am pleased to find that this branch of education has been lately brought before the public more prominently by Col. Onslow in a lecture on "The Training of the Soldier," at which Lord Wolseley took the chair, and made very suitable remarks on the subject; and therefore it is to be hoped that the scare respecting the insufficient state of the defences of the country will not be allayed either by additional men-of-war, or new forts, or bigger guns, but by the improved physique of the material from which the soldiers and sailors are taken. (Cheers.) Permit me to refer for a few minutes to my third child, which requires still more help from you, as it is scarcely yet in its teens—the Society for the Prevention of Blindness. This society has endeavoured to instruct the people by showing them that of three blind people two have become so through ignorance and neglect. There are at least 800,000 blind in Europe, of whom 80,000 are in Great Britain. Hence it is worth while to endeavour to prevent so great an amount of misery, such a loss of productive power, and so great an expense in maintaining them. With the help of some friends I was enabled to form this society, which has published a prize essay on *The Causes and Prevention of Blindness*, by Professor Fuchs, in English, French and German, while Italian and Spanish translations of it will shortly appear.

Pamphlets on hygiene and care of the eyes, and leaflets with instruction in ocular hygiene have been published for free distribution to the number of more than 120,000. The Chief Justice Bajinat, attached to the Court of the Maharajah Holkar, has shown his interest in the matter by writing upon it in the chief Indian papers. So that we may hope that the benefits of the society will extend all over the world, and therefore I feel it to be a duty to ask you to assist in this work. I desire to express my sincerest thanks to Mr. Edwin Lawrence, of Palace Gardens, for the generous aid he has given the society, enabling it to publish the prize essay, and to distribute its pamphlets and leaflets gratuitously, and thus to diminish the ignorance causing so much blindness. When I was examined before the Royal Commission appointed to enquire into the condition of the blind, I drew attention to the defective state of medical education in ophthalmology—instruction in it, while required in Ireland, was not obligatory in England or Scotland. I have reason to hope that in their report the Commissioners will appeal to the Medical Council to insist upon the study of ophthalmology in each section of the United Kingdom. Another aim of the society has been to promote the physical education of the blind, which is neglected in every school for the blind excepting the Royal Normal School at Norwood. Allow me finally to mention a child as yet unborn, but in an advanced stage of evolution—the National Institution for Physical Education—on the model of the Swedish Central Institution for Rational Gymnastics, in which there are four branches: First, Educational Gymnastics; secondly, Military Gymnastics; thirdly, Medical; and fourthly, Æsthetic Gymnastics. Such an institution would in the course of years influence the whole population both physically and hygienically. Without it there is no hope of obtaining our first line of defence—strong, healthy, well-developed men, who must be preceded by strong, healthy, well-developed parents. With such men the defence of the country would be less expensive and more effective.

Again thanking his friends for their kindness to him, Dr. Roth resumed his seat amid loud cheers.

The CHAIRMAN then proposed "Prosperity to Hospitals," coupling the toast with the name of Major Vaughan Morgan, who had taken so great an interest in and brought to so great a state of prosperity the London Homœopathic Hospital, in which many of them were interested.

Major VAUGHAN MORGAN in responding, said that it was satisfactory to know that all homœopathic hospitals were fairly flourishing, and that a new one, small it was true, but capable of extension, had lately been established at Eastbourne.



They had present with them Dr. Drysdale (cheers) who represented the medical department of the hospital recently established at Liverpool by Mr. Tate, which bids fair to become a flourishing institution. Having noticed that hospitals generally were, according to newspaper reports, in more or less financial difficulties, said that this would continue unless some fresh source of revenue opened to them. Many were admitted into hospitals whose circumstances gave them no real claim to admission. (Hear-hear.) Such persons rarely, if ever, thought that the hospital had any claim upon them. He rather feared that the sentiment of the doctors was against making any appeal to the occupants of the beds to assist in sustaining the institution which benefited them. But he was convinced that something of the kind should be done. If the patients could not help, they should appeal to their friends to do so. Persons had got so much into the habit of thinking that they had a right to hospital accommodation that it never entered their heads that they should do anything to assist them. He hoped that this state of feeling would be corrected. He coupled this toast with the name of Dr. Drysdale. (Loud applause.)

Dr. DRYSDALE, in reply, said that at the Hospital in Liverpool the financial difficulty referred to by Major Morgan had kept them back from doing great things. He hoped that more liberal views were now prevailing with the Committee, and they were now getting on better. The fact was the best hospital patients were frequently those who were not able to pay at all (hear, hear). But viewing the improved state of things he had much hope for success in the future.

Dr. E. T. BLAKE then said that to him had been entrusted the most pleasing duty of proposing as a toast "Medical Literature" coupled with the name of Dr. Pope (loud cheers). Medical literature was such as they could all be proud of except in some respects, but they all agreed that no one was better able to respond on its behalf than Dr. Pope.

The toast having been duly honoured,

Dr. POPE after acknowledging the compliment paid him in associating his name with so important a toast, spoke of the extent of medical literature and on the improvement which had taken place during the last 60 years both in the quality and tone of such as was periodical. He dwelt especially on the importance of periodical medical literature being thoroughly representative of the entire profession of medicine. This he said it could only be when full expression was given to all shades of medical opinion, and every well authenticated mode of treating disease was criticised. The time when this would be the case was, he believed, coming in the not distant future.



Knowledge was spreading, and its further spread could not be hindered for long. A large proportion of the profession was, he believed, in advance of the Editors of the Medical Journals on this question.

Dr. CLARKE said the duty devolved upon him of proposing the toast of their countrymen of foreign birth who had come to do honour to Dr. Roth, and with the toast he would couple the name of Dr. Leitner, of the Oriental College at Woking. (Cheers). The Indian University at Lahore mainly owed its existence to Dr. Leitner, who was himself a fluent master of twenty-seven languages.

After the toast,

Dr. LEITNER said that their object that evening was to do honour to one who had a world-wide fame—Dr. Roth (hear, hear), one to whom they could not do too much honour. At the conclusion of the Russian war the efforts of Dr. Roth in the cause of physical education attracted much attention. They could hardly attract too much. They should remember that the defence of the country rested not so much on their walls as on the hearts of oak of their men. (Applause). Although not an Englishman, his whole efforts had been directed to extend the influence of this country abroad. (Cheers). He had worked for the establishment not merely of the first, but the only national University of India, for the teaching not only of European but also of native learning. (Hear hear). Though not a medical doctor, he fully appreciated the remarks of Dr. Pope as to medical literature. There could be no progress without comparison. (Applause.) He did not know whether he was entitled to say so. but that seemed to him to be an entirely representative meeting, for they had present not only so many of Dr. Roth's London medical colleagues, but also Dr. Duka, and Mr. Politzer, who bore with him such a glorious part in the great Hungarian movement, a struggle which, unlike the radical movements in England, recognised progress in political life, while preserving loyalty to the Austrian crown. The parliamentary feeling was innate in every Hungarian, and although Russian hordes to the number of 300,000 crushed the movement, they merely rendered the struggle a passive one, one which went on till at last Hungary did after twenty years achieve that position in the Austrian empire which made her an important part of the Austro-Hungarian monarchy, so that at the present day there were no Austrian subjects more loyal than those Hungarian rebels. (Loud cheers). To do all this, to labour abroad as well as at home in the way our friend Dr. Roth had done, it was necessary that a man should have a help-meet at home. (Cheers.) It

would have been impossible for Dr. Roth to have done all he had done had it not been for the noble energy and sympathy of Mrs. Roth. (Loud cheers.) He gladly took the occasion to say that there never was a woman who more nobly did her duty than that lady. (Cheers.) Now, when Dr. Roth was about to leave them and spend the remainder of his days amidst those proper accompaniments of advancing years, "obedience, love, and troops of friends," and though he spoke of advancing years he noticed that Dr. Roth still looked very youthful (hear, hear), they must not forget Mrs. Roth, whose health he asked them to drink to, any more than they were likely to forget Dr. Roth himself. (Applause).

Dr. ROTH said he hoped they would accept his sincere thanks for the toast which had been so kindly given both on behalf of himself and Mrs. Roth.

Dr. DYCE BROWN then proposed "the health of the Chairman, Dr. Dudgeon," which was enthusiastically responded to.

Dr. DUDGEON, in acknowledging the compliment, took an opportunity of noticing that Dr. Roth, while engaged in creating a society for the prevention of blindness, had himself lost the sight of one of his eyes, but still he nobly persevered in his great work without any diminution of vigour. Dr. Dudgeon thanked them warmly for their kindly toast.

The company then separated.

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Dr. ROTH has requested us to express his warm thanks to the many colleagues and friends, who have in letters or by telegram conveyed to him their best wishes for his future happiness. He also desired to tender his thanks to Dr. C. Lloyd Tuckey, who, as honorary secretary of the Dinner Committee, has taken so much trouble and pains in making the arrangements.

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## NOTABILIA.

### THE ANNUAL CONGRESS.

BEFORE holiday arrangements are made, we should like to remind our readers that the Annual Congress of homœopathic practitioners takes place this year on Thursday, the 20th of September, at Birmingham, under the presidency of Dr. Dyce Brown. Important papers have been promised by Dr. Compton Burnett, of London; Dr. Gibbs Blake, of Birmingham; and Dr. W. Wolston, of Edinburgh. Birmingham, being very central, ought to attract a large attendance, and we hope that as many of our confrères as possible will make a

point of being present on this occasion. A small attendance in such an important city, and one so easy of access, does real harm to the cause of homœopathy by provoking sneers as to our paucity of numbers. We would specially appeal to the seniors in the profession to set an example to the younger men by their making an effort to attend. Those who do not come not only tend to injure the cause, but they deprive themselves of a great deal of real gratification in not participating in the pleasant meetings and associations connected with such a gathering. Those who would otherwise never meet do so on these occasions, and this, of itself, is a strong *raison d'être* for their being held. The usual circular will be issued this month by Dr. Hawkes, of Liverpool, the Honorary Secretary for the year.

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#### THE SPREAD OF HOMŒOPATHY.

From Wurtemberg the adherents of the principles of Hahnemann have petitioned Government to take steps to compel candidates of pharmaceutical and medical examinations to pass in homœopathy.—*Chemist and Druggist*.

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#### PHYSICAL TRAINING OF THE SOLDIER.

On the 6th of last month Col. G. M. Onslow, Inspector of Military Gymnasia, lectured on "The Physique of the Soldier, and his Physical Training," Lord Wolseley presiding. A brief notice of this lecture appeared in *The Times* of the day following. From this source we learn that Col. Onslow urged, among other things, the need of an improved system of physical training and exercise, and described such a system, the details of which are, however, not referred to in this report. Both Col. Onslow and Lord Wolseley, who spoke at some length, at the conclusion of the lecture, dwelt on the importance of regular physical training forming a portion of the education given at board schools.

Five and twenty years ago Dr. Roth, on the invitation of the Committee of the Institution, delivered a lecture to its members on "Scientific Physical Training and Rational Gymnastics," which was afterwards published in *The Journal of the United Service Institution*. We may also state that Dr. Roth has for some years past persistently urged the importance and necessity of gymnastic education upon the members of the London School Board, and we have reason to believe that he has in some measure succeeded in obtaining at any rate a modicum of physical instruction, given upon a scientific basis, for the children at some of the schools.

## HOMŒOPATHY v. "SCIENTIFIC MEDICINE."

UNDER this title a gentleman, signing as "E. P. T. (M.D., Cantab.)" published a letter in the *National Review* for June by way of a reply to Dr. Dudgeon's communication on the same topic in the previous number. The weak point in E. P. T.'s letter is that, notwithstanding his statement that he has "studied homœopathic books," he gives the most complete evidence that he is still quite ignorant of what constitutes homœopathy. Thus he writes "What reduces the thing to an absurdity to my mind is this: I often give medicines (as I have said) to produce definite results, not to cure disease, scientifically speaking. If I give *aloes* as an aperient or *morphia* hypodermically to ease pain, do you mean to say that the homœopathic ten-millionth of a grain would have the same result as my five grains of *aloes*, or that the working of a thousand-millionth of a grain of *morphia* would give the same blessed relief as my tangible dose of *morphia* does? If I cannot see any results in such cases, why am I to believe that they exist in cases where results are more difficult to trace?" We can assure E. P. T. that to give the thousand-millionth of a grain of *aloes* as an aperient would be as absurd as, though far less hurtful than, giving five grains of that drug to cure hæmorrhoids or a dysenteric diarrhœa. The thousand-millionth of a grain would cure many cases of the latter—inasmuch as *aloes* is homœopathic to such conditions—but no one ever suggested yet that such a dose would purge anyone! The purgative action of *aloes* is its poisonous effect, its influence upon hæmorrhoids and dysenteric diarrhœa is its therapeutic effect, and to the knowledge that it is so we are led by homœopathy. So with *morphia*. An infinitesimal dose might relieve drowsiness and headache, but that it would excite narcotism is highly improbable. In a lecture on *conium* by Dr. Pope, recently published in a Philadelphia medical journal, *The Hahnemannian Monthly*, when incidentally referring to the dose, the author writes "Dr. Harley says 'I cannot too strongly insist on the dogma that to be effectual the physiological effects of the drug must be declared.' This is a dogma, the truth of which depends upon the physiological relation in which the drug stands to the disease. If this relation is an antipathic one, the dogma in question is sound enough. If you are attempting to cure constipation by a purgative or an aperient, then, no doubt, 'the physiological effects of the drug must be declared.' If, on the other hand, this relation is homœopathic, if the parts morbidly irritated are those which the drug given has a special proclivity to irritate, the dose of it must be well within the pathogenetic

limits." Like Dr. Harley, E. P. T. fails to comprehend or appreciate the conditions that determine the adequate dose of a medicinal agent.

E. P. T. does not pretend to cure diseases, he is satisfied with treating them, as he says, scientifically. He endeavours "to restore lost balance by stimulating one set of nerves or by repressing another;" to "relieve the strain upon a damaged organ by compelling a sound one to do extra work." This is E. P. T.'s model of "scientific treatment." Whether it is entitled to such a definition is open to question. That it is not so successful a method of treating disease as that which takes as its basis of drug selection a rule or principle which directs us to specific remedies in individual cases has been proved over and over again. "It is possible," writes E. P. T., that quinine and mercury actually destroy the germs of the diseases for which they are usually given." Of course such a thing is "possible," but what is *certain* is that the symptoms of the diseases they are given to cure are very similar to the symptoms of ill-health they will themselves produce. He tells us that we may be "on the threshold of a system of specifics." Homœopathy is itself a "system of specifics"—a system which enables us to find specifics for individual cases. E. P. T. "cannot see why if each of two different things produces symptoms roughly resembling the other, therefore they must be antagonistic to one another." He adds, "It might happen that they were, but it is improbable, *à priori* that nature should have conveniently so arranged matters that certain living seeds (germs) and certain vegetable or mineral substances when taken into the human system should always do two things which need necessarily have no connection with one another, viz.:—(1) produce identical symptoms; and (2) that the dead vegetable or mineral substances should always kill the living seed." Let us commend to E. P. T. the sound practical wisdom of Sir John Herschell:—"Experience," says Sir John, "once recognised as the fountain of all knowledge of nature, in the study of nature and its laws we ought to dismiss as idle prejudice, or, at least, suspend as premature any preconceived notion of what might or ought to be the order of nature in any proposed case, and content ourselves with observing as a plain matter of fact what is." Neither E. P. T. nor ourselves may be able to explain precisely *how* a homœopathically indicated medicine does its cure-work, but we have abundant evidence that it does do it in some way or other, and in the meantime this is enough. Such knowledge is sufficient to enable us to cure our patients and we are content.

Though lacking the requisite knowledge to discuss the

question of homœopathy we are glad to find that E. P. T. is entirely opposed to the excommunication and ostracism with which those who understand and practise homœopathy are visited by the bulk of their professional brethren. He thinks, however, that what we lose in professional caste we gain in pocket. "Their patients are all rich enough to afford fads. The bulk of them are old ladies." He says: "I firmly believe I could add fifty per cent. to my income by becoming a homœopath!" This is hardly probable, but we feel sure that if he thoroughly understood homœopathy, made a careful study of the *Materia Medica*, and then treated his patients with homœopathically selected medicines, he would cure many more than it is possible for him to do now, that the acute illnesses of his patients would be much shortened, and that the old ladies would live a good deal longer than they are likely to do when in the event of any acute or sub-acute illness they have to have one set of nerves stimulated or another repressed, or when their sound organs are driven "to do extra work" to make up for the incapacity of the "damaged" ones.

We should like to hear of E. P. T. making a real study of homœopathy, and putting his acquired knowledge to the clinical test, and then "observing as a plain matter of fact what is."

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#### VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION.

By J. W. DILL, M.D., Benton, Kansas.

CASE 1.—On January 18, 1881, I was called to see a woman, aged 34 years, in the 29th week of her pregnancy. She had had three miscarriages in the last two years, all of which had occurred from the sixth to the sixteenth week. A physician of the old school had attended her each time, and each time averred "she never can go to full term again."

I found her sitting on the side of the bed, complaining seriously of pains in her back, hips, thighs, and severe pains in the supra-pubic region; these latter came on regularly every eight or ten minutes, and lasted from one-half to one minute.

Digital examination revealed the os uteri dilated fully an inch and a half. There was quite a quantity of hæmorrhage, which had existed for two hours before my arrival. What could I do to avert the threatened miscarriage, was the question to be answered if possible. The weight of authorities being against me, my opinion as to the result was withheld.

I gave three or four swallows of an infusion made from the *riburnum prunifolium*, every ten, twelve, or fifteen minutes, for

the first hour; when, upon a re-examination, I found the mouth of the womb closing and the hæmorrhage almost entirely arrested. I then ordered a dose every second or third hour, as long as either pain or hæmorrhage existed. At the end of the fifth hour she fell asleep, and slept an hour or more, when a severe pain aroused her, but the hæmorrhage had ceased. Two or three hours later the pains had entirely subsided. Quiet was enjoined for several days. The recovery was good.

April 5, I delivered her of a fine, well-developed male child, perfect in every way.

CASE II.—On June 22, 1881, was called at 9 p.m., to see a farmer's wife, aged 17, in the 26th week of her first pregnancy. On the day before, she jumped from a wagon while the team was in the act of running away. She felt little or no effects from it until after the lapse of twelve or fourteen hours, when she had some pains in the thighs, hips and back, which soon passed off after lying down. No further alarm came until about six hours before I saw her, when the same character of pains returned to her back, hips, thighs, and with pelvic pains added. Vaginal examination showed the os uteri dilating—already admitting two fingers. The hæmorrhage was sufficient to saturate two or three good-sized napkins, which was enough to cause alarm, especially when the pains came with the vigour and regularity they had reached in her case. My first and uppermost thought was *riburnum prunifolium*, of which I gave a dose every fifteen minutes for an hour, when the hæmorrhage had ceased, and the os was almost closed. The pains were now short, irregular, and less severe; so slight were they, that she fell asleep at one, and slept till three, when I ordered the remedy continued, a dose every three hours, and enjoined perfect quiet.

At full term I delivered her of a fine male child. In my hands *riburnum* has prevented several abortions and miscarriages, and so uniform have been its effects that I hardly ever use any other remedy now when I am called to treat "threatened abortion or miscarriage." I have found it of little or no use in hæmorrhage following delivery.—*Medical Counsellor*, Feb. 1.

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## OBITUARY.

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### DR. R. PARKYN SIMPSON.

WE regret to announce the death, after a lingering illness, of Dr. Parkyn Simpson, of Glasgow, at the comparatively early age of 40.



Dr. Simpson graduated at Edinburgh in 1878, and at the request of friends settled in practice at Glasgow. His energy and earnestness were rewarded by his speedily acquiring a very considerable practice. The work it involved proved to be beyond his strength, and resulted in a paralytic seizure, which has, to the deep sorrow of a large circle of attached friends, proved fatal.

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## CORRESPONDENCE.

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*To the Editors of the "Monthly Homœopathic Review."*

### FOREIGN BODY IN THE EAR.

Removal after three years lodgment.

GENTLEMEN,—I report the following case, thinking it may prove interesting and instructive to some of your readers.

Miss B., School Board teacher, consulted me last March for deafness and tinnitus. On examination I found she was absolutely deaf on the right side, and on the left she could only hear at a distance of  $3\frac{1}{2}$  inches. Introducing an aural speculum, the meatus of both ears was seen to be blocked with hard wax. I therefore prescribed a saturated solution of *soda bicarb.*, ordering a little to be placed in each ear daily. A week later I syringed both ears, removing a large quantity of wax. On the left side the membrani tympani was now distinctly visible and the sense of hearing fully restored. The right side, however, still continued perfectly deaf, and the tympanum was obscured by what I thought to be a plug of wax. I now inserted the aural forceps and removed with considerable difficulty and pain this plug, which was firmly agglutinated to the mucous membrane. The aural canal cleared and the tympanum was plainly visible, the deafness immediately disappeared, though for 15 minutes she experienced a severe attack of vertigo. Examining this plug, I found it formed an exact cast of the meatus auditorius externus, being  $\frac{3}{4}$  of an inch long, and consisting of cotton wool thoroughly impregnated with wax. On questioning the patient she stated that about 8 years previously, whilst suffering from earache, her mother had inserted a plug of wool saturated with *laudanum*, which they were unable to find the following day, and concluded it had become dislodged during sleep. That it had not been dislodged is evident from

the above, no wool having been inserted since. I may mention it was only during the last few months that her deafness had occasioned any inconvenience, notwithstanding the long history of the case.

F. W. BURNETT, L.K.Q.C.P.I., L.F.P.S.G.

Leeds.

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### FRAGMENTARY PROVINGS OF *APIS*.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—A medical non-homœopathic friend of mine has sent me the following notes of a slight proving of *Apis*, which he accidentally made. They will, I doubt not, prove interesting to the readers of the *Review*.

Feb. 15th, 1887. Dr. ——— says "In the morning I was troubled with a pain as though an oat husk had stuck in the hyoid fossa. Took about 18 minims of mother tincture of *Apis mellifica*, thinking it was *Lachesis* 6, a sample of which I had had coloured with the intention of using and seeing if there was anything at all in infinitesimals. I added a quantity of water and tossed off the mixture. I was then galvanising a patient. In about three minutes I felt a violent blow in the suboccipital region and began to feel very strange, and the sensation increased so that I had to stop what I was doing.

"I then sat down and wrote these notes as the symptoms arose.

- " 1. Swimming sensation.
- " 2. Sense of constriction in throat.
- " 3. Sudden disappearance of pain in left hyoid fossa.
- " 4. Twitching of muscles and slight trembling.
- " 5. General sensation of fulness and weakness of coördinating power, especially in hands.
- " 6. Oppression at bottom of sternum.
- " 7. Pain down left ulnar nerve.
- " 8. Weight and tension at back of neck.
- " 9. Dimness of sight.
- " 10. Sense of weakness in upper limbs.
- " 11. Slight numbness of left hand, particularly of ulnar fingers. This subsequently increased very much, and amounted to complete anæsthesia of left ulnar fingers. Also want of power, with incomplete anæsthesia of both hands.
- " 12. Irritability of bladder, a usual symptom with me, diminished.

"You know what a thorough disbeliever I am in most of 'the so-called' provings."

This little contribution to the pathogenesis of *Apis* is of the greater value, 1st., because the doctor is quite the reverse of a credulous man; 2ndly, because under the impression that he was taking another drug he was not on the look-out for special *Apis* symptoms.

I am, yours truly,

EDWARD T. BLAKE.

London, May 26th, 1888.

## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Dr. SIMPSON'S cases and Dr. C. HAYWARD'S paper are in type, and will appear in our next number.

Communications, &c., have been received from Dr. DUDGSON, Dr. BOTH, Dr. CARFRAE, Dr. C. L. TUCKEY, Mr. CROSS (London); Dr. DRYSDALE, Dr. SIMPSON, Dr. J. D. HAYWARD, Dr. C. HAYWARD (Liverpool); Dr. PERCY WILDE (Bath); Dr. A. H. CROUCHER (Eastbourne); Dr. GREIG (Wakefield), &c.

## BOOKS RECEIVED.

*Cyclopædia of Drug Pathogenesis.* Edited by Dr. Hughes and Dr. Dake. Part viii.—Ferrum to Iodum. London: Gould & Son.—*Nature's Hygiene, a Systematic Manual of Natural Hygiene.* By C. T. Kingzett, F. I. C., &c. Third edition. London: Baillière, Tindall & Cox. 1888.—*Theatre Hygiene.* By Walter E. Roth, B.A. London: Baillière, Tindall & Cox. 1888.—*Indigestion: Its Causes and Cure.* By J. H. Clarke, M.D. London: J. Epps & Co. 1888.—*Cold Catching, Cold Preventing, and Cold Curing.* By J. H. Clarke, M.D. London: J. Epps & Co. 1888.—*Publication of the Massachusetts Homœopathic Medical Society, 1887.* Vol. x. Boston. 1888.—*The Physiology and Pathology of Diabetes.* By Prosper Bender, M.D. Boston. 1888.—*On Hospital and Dispensary Chemistry.* By P. Bender, M.D. Boston. 1888.—*Croup and its Management.* By Thos. Nichol, M.D., LL.D., D.C.L. Montreal. 1887.—*The Effervescent Chalybeate Water of Strathpeffer Spa.* By Fortescue Fox, M.D. London. *Report of St. Laurence's Convalescent Home, Slough.* 1888. *The Homœopathic World.* London. June.—*The Hospital Gazette and Student's Journal.* London. June.—*The Chemist and Druggist.* London. June.—*The New York Medical Times.* June.—*The American Homœopathist.* New York. June.—*The Chironian.* New York. May.—*The Medical Record.* New York. May and June.—*The New England Medical Gazette.* Boston. June.—*Eighteenth Annual Report of the Massachusetts Homœopathic Hospital.* Boston. 1888.—*The Medical Era.* Chicago. May.—*The Clinique.* Chicago. May.—*Bibliothèque* " " *hique.* Paris. Dec. 1887.—*Bulletin de la Soc. Méd. Hom. de* May. *Allgemeine Hom. Zeitung.* Leipzig. June.—*Leipziger Zeitschrift für Homöopathie.* Leipzig. June.—*Revista Omnia.* May.—*Revista Ciencias Medicas.* Buenos Ayres. Jan.—*a Medica.* Mexico. May.—*El Criterio Medico.* Madrid. May.

Dispensary Reports, and Books for Review to be sent to Dr. PORZ, 13, Tunbridge Wells, or to Dr. D. DREW BAOWE, 29, Seymour Street, Port-W. Advertisements and Business communications to be sent to Messrs. Box, 56, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### TWO CASES OF ENTERIC FEVER, WITH SOME REMARKS UPON MODERN METHODS OF FEEDING DURING FEVER.

By J. GALLEY BLACKLEY, M.B.,

Senior Physician to the London Homœopathic Hospital.\*

GENTLEMEN,—I propose to bring before you this evening the notes of two cases of enteric fever which have recently been treated in the wards of the hospital. They are brought forward not so much from anything very remarkable in the cases themselves, as forming as it were a peg upon which to hang a few remarks upon the question of alimentation, which it is hoped may lead to some discussion.

The first case is that of Frank C., aged 28, ship's steward, who was admitted on Dec. 14th, 1887.

*History.*—The patient states that he has been ill with "malarial fever" (?) (chills and sweats), which he thinks he contracted at Rio Janeiro two months ago; he was sailing all the way home, and on his arrival he put himself under medical treatment (allopathic). About a fortnight ago he was attacked with severe pain in the abdomen, followed, after a few days, by vomiting and diarrhœa, which appeared to give relief to the pain. The diarrhœa, without being excessive, has continued ever since (ten days), and this morning before leaving home

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\* Read before the British Homœopathic Society, June 27th, 1888.

the bowels acted four times, and on the last occasion he passed about a pint of bright-red blood. He walked from his bed to the cab, and from the cab into the hospital.

On admission his temperature was  $99^{\circ}$ , pulse 100 and poor; tongue thickly coated with moist whitish fur. On examining the skin over the abdomen a few suspicious spots were visible; there was tenderness in the right iliac fossa, but no gurgling was noticeable; hepatic and splenic dulness not increased; lungs and heart normal. Urine, sp. gr. 1012, acid; contains neither albumen nor sugar. *R. arsenic 3 x gttj. 2 dis horis.* Milk (boiled) and brandy 4 oz. in 24 hours. E. T. 100.

Dec. 15th.—M. T. 101.6, pulse 112. Slept only  $1\frac{1}{2}$  hours. Bowels have acted twice since admission, stools being almost black in colour, very offensive, and consisting mostly of blood. Tongue thickly coated with a moist yellowish fur. Abdomen tympanitic, with slight tenderness over hypogastrium. No spots visible; has taken 1 pint of milk during the night, and  $3\frac{1}{2}$  ozs. of brandy in 24 hours. E. T. 104.2.

Dec. 16th.—M. T. 103.2, pulse 108, full respiration 44. Slept well, and takes milk freely. Bowels have not acted. Tongue coated with a thick yellow dry fur. Urine 32 ozs. He lies in the dorsal decubitus with legs drawn up, and is easiest in this position; abdomen is still tympanitic, and there is tenderness in course of transverse colon. E. T. 104.6.

Dec. 17th.—M. T. 101.6, pulse 102 full, but very compressible. Takes nourishment well. Bowels have not acted; cannot pass water this morning; abdomen still very tympanitic; to have an enema. E. T. 103.2.

Dec. 18th.—M. T. 99.4, pulse 100. Slept fairly well; bowels relieved once after enema, and once spontaneously, stools brown tinged with blood, not loose; tongue still dry and densely coated; abdomen neither distended nor tender. E. T. 103.2.

Dec. 19th.—M. T. 100.8. General condition much the same. E. T. 102.4.

Dec. 20th.—M. T. 101.2. Bowels acted once, stool being formed. Tongue moist, whitish fur. Slight dry cough. Diet supplemented by peptonised beef-tea, the quantity of milk being curtailed.

Dec. 21st.—Cough troublesome; bladder has to be emptied by catheter; bowels quiet. E. T. 101.

Dec. 22nd.—M. T. 99.4 ; pulse 100 ; slept well, perspiring profusely in sleep ; cough still troublesome, with scanty frothy expectoration. On examination there was found dulness on percussion over lower lobe of right lung posteriorly, with occasional sibilant râles, and at the left base coarse crepitus. No action of bowels for three days ; catheter still used. Takes nourishment well. *R. phos. 8x gttj.* in alternation with the *arsen.* every two hours.

Next day the morning temp. was normal, and by the 28th (fourteen days after admission) the evening temp. was likewise normal. The bowels remained quiet, acting only after enemata, the chest cleared, and he continued taking nourishment well.

Jan. 5th.—Morning and evening temp. having been sub-normal for days past, and abdomen retracted and free from all trace of tenderness, he was allowed Benger's Food (pancreatized farinaceous) in place of plain milk and peptonised beef-tea. The medicines were discontinued, and *chin.  $\phi$  gttj. t. d.* was ordered instead.

Jan. 6th.—M. T. 97.6. E. T., 99.6.

Jan. 7th.—M. T. 98.6. E. T. 102. Was allowed a rusk with food.

Jan. 8th.—M. T. 100.6 ; pulse 108 full. Slept only four hours, and perspired very profusely. Tongue moist and slightly furred. Bowels relieved by enema of a large formed stool. He complains of a feeling of tightness in abdomen, which is tender on pressure, and also of a sharp shooting pain in the right leg from the knee to the ankle, along the spine of the tibia ; there is a tender spot about two inches above the ankle, visibly raised. Discontinue *chin.* and return to the *arsen. Jelly.* E. T. 103.2. Discontinue rusk.

Jan. 9th.—M. T. 102.4 ; tongue coated with dirty brownish fur ; abdomen tympanitic, but not tender ; splenic dulness somewhat increased ; hepatic ditto normal ; no spots. E. T. 103.8.

Jan. 10th.—Nausea and retching after food this morning, with much flatulence ; abdomen very tender ; bowels constipated. *R. bry. 1x gttj.* in alternation with *arsen.* every two hours. Was put upon Benger's Food alone, and 4 ozs. of port wine per diem.

The progress of the case will be best seen by consulting the chart.





On the 13th champagne was given in place of port wine.

On the 16th, bowels being slightly relaxed, *bryonia* was discontinued, *arsen.* alone being persevered with. Next day, the actions being decidedly loose, boiled milk was substituted for Benger's food.

Jan. 24th.—M. T. normal. At 3 p.m. had a severe rigor lasting fifteen minutes, previous to which he had severe pain in left iliac region. An enema being given a large constipated stool passed, followed shortly by a smaller one containing a little blood. He kept coming over in cold sweats. During the twenty-four hours the bowels acted four times, on the last two occasions involuntarily. E. T. 103.4. *Acon.* was given every few minutes, and a turpentine stupe applied to the abdomen.

Jan. 25th.—M. T. 101.2. Abdomen tympanic and very tender. R. *coloc.* 3x gttj. p. r. n. He was ordered firstly white wine-whey, then chicken broth, koumiss, and Brand's essence of beef, all of which appeared to cause sickness, and were discontinued, and small quantities of iced soda and milk substituted. During the evening had great pain in abdomen of a colicky nature, and vomiting continued very troublesome through the night. *Apo-morph.* 3x grj. p. r. u. somewhat relieved this.

Jan. 26th.—Pulse 140, small and jerky. Tongue dry and brown. Pain in abdomen easier. Bowels acted involuntarily three times, stools being loose, greenish, and very offensive. Has lost flesh very rapidly during the last few days. E. T. normal. Pulse 120.

Jan. 27th.—Slept five hours; took a teaspoonful of white wine-whey and jelly every hour alternately; only vomited once; several nutrient enemata were tried, but none were retained. Tongue moist, covered with dark brownish fur; abdomen still tympanitic, and very tender.

On the following day he began to take nourishment well, having small quantities of Brand's essence, milk, and whey by turns. Tympanites still continued. Fomentations were applied.

By the 29th the tympanites was subsiding. Temperature was normal night and morning; bowels very loose (eight light yellow stools); tongue covered with greyish white fur; perspiring freely when asleep. R. *ac. phos.* 1. gttj. 2 dis horis.

From this date the treatment was essentially dietetic; the abdominal symptoms subsided very gradually, and the greatest care had to be exercised in the selection of appropriate food.

During the month of February several attacks of colicky pain occurred, but these were relieved by occasional doses of *nux* 1x.

The following is the order of the various articles of diet prescribed. On Feb. 6th, milk and chicken-jelly, supplemented on the 14th by champagne. On Feb. 29th, beef-tea and rice and milk. After a few days followed oysters and eggs, with some red wine (Zinfandel), 4 ozs. daily. Next came tripe, and on Mar. 12th chicken, with 3j of cod-liver oil *ter die*. On the 14th, sandwiches made with finely minced meat were allowed, and half-pint of ale was given in place of wine. On the 15th he was allowed the ordinary first diet of the hospital, and on March 19th he was discharged cured, leaving the hospital for a convalescent home. A month later he appeared in the out-patient room, stating that he had gained about 2 stone in weight since leaving the hospital.

The *resumé* of the diet sheet would be as follows:—

Milk alone 6 days.

Peptonised beef-tea and milk 16 days.

Benger's food 12 days.

Boiled milk, white wine-whey, chicken broth, koumiss, Brand's essence p. r. n. for 19 days during the height of the relapse.

Milk and chicken jelly 23 days.

Rice and milk, beef-tea, oysters, eggs, and tripe 14 days, and so forth.

My next case is one of the simplest and most benign character possible, and will not tax your patience.

Sarah H—, aged 22, housemaid, was sent into the hospital by Dr. Hahnemann, of Highbury, on April 12th, 1888. She states that she is housemaid in a large house of business in Holloway, where about 80 of the employes reside upon the premises, and all are perfectly well in health. She has not slept out of the house for months. Has been feeling out of sorts for about three weeks; a fortnight ago had a distinct rigor, followed by diarrhoea (four or five stools per day for some days). Has had no epistaxis.

On admission, temp. 103.2, pulse 90. Tongue beefy ; several rose spots on abdomen, gurgling in right iliac fossa ; complexion earthy ; seems very weak. *R. Arsen 3x gttj 2 dis horis.* The bowels remained constipated for several days, and abdomen became distended, rose spots eight or ten in number being present. Tongue was usually red and glazed but barely dry. Some dry rhonchi were heard over left side of chest. *Bryon. 1x gttj 2 dis* was substituted for *arsen.* (on the 17th).

On April 19th the bowels acted naturally for the first time.

By the 21st all tenderness and tympanites had disappeared ; a few spots were still visible ; she took as much as four pints of milk per diem.

On the 28th the stools were somewhat loose, and slightly tinged with blood. *Arsen 3x.* By May 1st the temp. was normal night and morning, and by the 5th she was pronounced well and ready to leave for the country.

The diet sheet shows the following entries :—

May 3rd—Arrowroot.

May 4th—Arrowroot and beef tea.

May 7th—Farinaceous puddings and fish.

May 15th—Half first diet.

May 17th—First diet and half-pint of stout.

Such are the notes of the two cases ; one, of the commonest type where bowel symptoms predominated from the first ; the second of the kind characterised by constipation throughout.

It will naturally be asked what are the chief indications for the choice of peptonised in preference to non-peptonised foods. In typhoid of the first-mentioned type where diarrhoea, pain, tympanites, or peritonitis is present, I think the peptonised foods are to be preferred, for they are almost entirely absorbed by the lacteals in the very commencement of the small intestines before they reach the seat of the characteristic lesions of the disease. On the whole I prefer the foods prepared with pancreatic extract rather than pepsin, for the reason that they may include both proteids and farinaceous materials, as in the Benger's food mentioned above, liquor pepticus being exclusively proteolytic ; even in administering milk alone, where there is undoubted ulceration present, I prefer to peptonise it, as it may then be given in almost

any quantity without the liability to the coagulation which is such a fruitful source of trouble in the treatment of typhoid.

In mesenteric tabes in infants I have substituted Bengel's food for milk, maternal or otherwise, frequently with the happiest effects; and I am attending a case of abdominal phthisis at the present time where there is so much foul smelling diarrhoea, and where rapid emaciation had set in previous to the use of pancreatised farinaceous food. Since its employment the results have been little short of marvellous. In cases of peritonitis where retching is a troublesome complication, milk or beef-tea may be peptonised and conveniently used in the shape of small enemata. These are infinitely superior to the old-fashioned beef-tea or "nutrient enema"; they are more rapidly absorbed, and do not excite peristaltic movements of the bowels to the same extent as an ordinary enema.

One word in conclusion upon the subject of wine in typhoid and other exhausting diseases. The Zinfandel given in the first case I can strongly recommend as a powerful restorative; it contains a small quantity of iron: perhaps this may account for its remarkable tonic effects. I have used it freely for some months past in convalescents from a variety of ailments, and always with the greatest satisfaction.

#### DISCUSSION.

Dr. DUDGEON said he thought Dr. Blackley's experience was that of many other members. Forty years ago the treatment for typhoid was *diete absolute*, which was nothing at all. Dr. Curie's case, on which there was an inquest, was treated on this plan. The theory which Dr. Curie defended was that the system was unable to digest anything, and therefore all food acted as a foreign body. Dr. Graves, not long after this, introduced his plan of feeding fevers. He had no doubt that peptonised food was more assimilable than ordinary food, but he thought it quite possible to get people through without prepared foods. Dr. Blackley was to be congratulated on the results of the cases.

Dr. DAY felt peculiar interest in these cases, as he had suffered from typhoid himself. He had had pains similar to those mentioned by Dr. Blackley as affecting the ankles of one of his patients—they affected his toes. It was generally regarded as a genuine periostitis and a sequela of the disease.

Retention of urine was also an incident sometimes met with, and was a symptom in his own case.

Dr. DYCE BROWN, in following the reading of the case with the chart of temperature before him, remarked that the rise of temperature was coincident with the giving of the peptonised foods. He did not say they were cause and effect, but as the chart stands it would tell against the point Dr. Blackley was contending for. He had, however, a high opinion of peptonised food as being very easily digested. He also pointed out that, after the temperature had ultimately fallen, there were organic sudden rises, and Dr. Blackley had not taken any notice of this in his remarks.

Dr. DUDGEON said there was one point which he did not quite make out—about the stimulants. Dr. Blackley gave 8 ozs. of brandy at first: was that continued until the champagne was given?

Dr. BLACKLEY said this amount was not given throughout, but some stimulant was given during all the time.

Dr. JONES, in reference to the constipation in the second case, thought the bowels should not be left longer than two days without a motion. It was quite possible for morbid products to be re-absorbed. The doctors in the Soudan were very careful not to let their patients go longer than two days without giving oil.

Dr. TUCKER said he had seldom heard of a patient coming so near death as in Dr. Blackley's first case and not dying. The records of the Temperance Hospital seemed to show that stimulants were not needed. Their place might be taken by peptonised foods. He referred to the cachexia which often followed the disease, and questioned if it might not be due to damage done to the intestines by ulceration.

Dr. MOIR had watched the first case. At one time he thought perforation had taken place. In his own cases he gave milk first variously diluted. If this did not agree he gave koumiss; he had many cases go with koumiss all through. He thought there were too many patent foods. He considered Benger's was the best. Cases where there was constipation did well mostly, but he agreed with Dr. Jones that it ought not to be allowed to go too far. He thought stimulants were necessary when there was irregularity of the pulse. Referring to the report of the Temperance Hospital mentioned by Dr. Tucker, he did not think one report was enough to judge by, as it did not extend over a sufficient length of time, and cases of typhoid differed very much.

Dr. MURRAY asked at what stage of the fever the first patient was admitted? He thought the man was in a relapse at the time. He also wished to know if each relapse was accompa-

nied by an eruption of rose-coloured spots. Such was his experience. He wished to know what was the occasion for giving *colocynth* and *apomorphia*. He agreed with Dr. Dyce Brown that from these cases we had not learned much of the value of these foods. Theoretically it was correct, but when practising among the poor, one must prescribe what people could afford. Milk, diluted when it disagreed, in some form, was what we were mainly dependent upon. The point mentioned by Dr. Jones was very important. If there was reabsorption in constipated cases, there ought to be relapses in more. He preferred to let patients go four or five days. He remembered several cases where there had been periostitis. When this occurred he gave *rhuis* with good effect.

Dr. ROTH expressed his satisfaction at the fact that food notes were taken at the hospital. Dr. Curie was a man who was very successful in the treatment of typhus fever. He only gave beef-tea, and not very strong. Dr. Blackley mentioned pancreatine. This helped the digestion of fat but not of fibrin [Dr. Blackley said he spoke of *liquor pancreaticus*]. Dr. Roth was acquainted with the introduction of pancreatised foods.

Dr. DAY mentioned the affection of the toes. His son had contracted toes after typhoid, and for years after he felt it. Dr. Dudgeon and Dr. Dyce Brown attended. In that case he reminded Dr. Dudgeon that he gave *tokay*. Fifty years ago he had been successful with the water treatment. Cold water sponging and washing every three or four hours relieved the patient. Forty-five years ago he was called to a gentleman's house. The arrival of a doctor's carriage in a town was then a signal for all who wanted to consult him to flock to the house. The mayor came to ask him to see patients. The sight was heartrending. The mayor had to go round to several houses to give a little water—all in the house were ill. In one afternoon he had to prescribe for between twenty and thirty cases of typhoid. At that time he saw a deaf and dumb tailor in a little box of a place 8 feet high. It was in winter, and on the ceiling his breath was frozen.

Dr. NEATBY said, respecting the state of the bowels, he thought they should be left to appropriate homœopathic treatment. He had left some as long as eleven days, when the bowels acted quite naturally. He thought the mischief was in allowing the patient to go several days, and then trying to dislodge the stool before it was softened by a natural process. He thought relapses could hardly be due to absorption, as that would result in pyæmia. The periosteal affections might be due to this. Dr. Curnow had reported cases treated with large doses of alcohol with the greatest success.

Dr. BLAKE (in the chair) thought the Society was much indebted to Dr. Blackley for his cases. When he was clinical clerk to Sir W. Jenner he had had ample opportunity of seeing the effects of alcohol in typhoid. It was very lethal. He saw the cases in the *post-mortem* room, and when he went into private practice he abandoned the use of it. Diet was of the greatest importance. He thought affectionate friends, by giving solid food too soon, were often the cause of the calamity mentioned by Dr. Tuckey. In cases of profound prostration, he had given *arsenic* and used abdominal compresses, giving no alcohol. He had seen the best results. He saw Jenner's cases die drunk, and he determined that his cases should not die thus. He preferred kef to other prepared foods. He objected to the fluid preparations of pepsin as being unstable. Regarding medicines, he recommended for delirium *opium*, *carbolic acid*, *hyoscyamus* (especially when there was distention). When the patient was deaf *muratic acid* always did good. For diarrhoea, *ars.*, *iris*, and *pyrethrum*. With regard to *pyrethrum* (*chrysanthemum*), he had urged Dr. Allen to introduce the only proving of it into his cyclopædia. He contended that it should be a good medicine. He could not agree with Dr. Murray that auto-infection was a safe test of the perils of constipation. Probably fewer explosions of germ production took place in constipated cases, so there was less chance of re-absorption at a lower point in the intestines. For lung complications he liked *merc. corr.*

Dr. DYCE BROWN said, in regard to the question of stimulants, that no absolute rule could be given, as cases differed from one another so much in severity, some cases requiring none, while in others they were absolutely necessary. A sure guide was the first sound of the heart at the base. When that became feeble, as compared with the second sound, stimulants were required.

Dr. GALLEY BLACKLEY, in reply, before answering the remarks of the various speakers, said he had no doubt whatever that when first the patient came to the hospital a relapse had set in, but whether a first or a second relapse it was impossible to say. The length of time the patient had been ailing lent support to the idea that it might be a second relapse; but he had seen and published the notes of one case where a clear interval of three weeks of normal temperature preceded a relapse. Referring, then, to the points touched upon by the various speakers, the first and most important was undoubtedly the question of the administration of alcohol. He did not give alcohol as a matter of routine, and had seen many cases successfully treated without from first to last. In a large number of cases, however, especially those occurring in



Hospital practice, where the patient had been up and about during the early stages of an attack, the strength was frequently so seriously undermined as to call imperatively for stimulants. The case of Frank C— was of this description, for the patient was in a state of mild collapse when admitted. In the second case no alcohol whatever was given until the girl was convalescent, when she was allowed her usual beverage—table beer. Dr. Blake seemed to have been wonderfully fortunate in treating his cases without alcohol, but he (Dr. B.) could not help but think they were not cases of a desperate character. He would refer next to the question of peptonised, as compared with non-peptonised, foods in the treatment of typhoid. Dr. Dudgeon had suggested that formerly we were obliged to treat all our cases without such aids, and yet cases under homœopathic treatment did well. Such was undoubtedly true; but he thought that desperate cases like that of Frank C— might be successfully treated with the help of peptonised foods, which would have inevitably died under the old style of feeding with milk, beef-tea, &c. Dr. Dyce Brown had suggested that the first case told rather unfavourably for peptonised nutriment; but a reference to the temperature chart would show that such was not the case, for during the first relapse in which the patient took little else but peptonised beef-tea he did exceedingly well. He (Dr. B.) preferred the use of Benger's liquor pancreaticus for the purpose of peptonising, for it was both proteo-lytic and amylo-lytic, converting proteids into peptones, and starch into sugar; for this reason it could be used for peptonising meat, beef tea, milk, or farinaceous food (a combination of the two latter in a highly convenient form was found in "Benger's Food"). In reply to Dr. Day, he might say that he (Dr. B.) had found both periosteal troubles and retention of urine far from uncommon during typhoid; he had seen exfoliation of bone take place for months after a periosteal abscess of the femur following typhoid. Dr. Murray and Dr. Ogden Jones had both referred to the subject of constipation, and had asked whether this should be interfered with or not. Dr. B. said he had made it a rule to give an enema once in every three days until the bowels began to act spontaneously, and had never seen the slightest ill-effect ensue. In his next cases he intended to try a teaspoonful of glycerine in place of the time-honoured soap-suds. Dr. Roth had asked why hydropathic treatment had not been thought of in either of these cases; as tepid abdominal compresses were used by the essayist in all his cases, he had not thought it necessary to mention this fact specially. Amongst Dr. Blake's interesting comments on the paper he had mentioned incidentally the probable help to be

had from anti-pyretics. The essayist had lately treated a case of rheumatic fever assuming a typhoid character, and where, in spite of *acon.* and *bryon.* used steadily for some days, the temperature gradually rose to 106.2°. Two doses of *anti-pyrin* (a gramme in each) were administered with an interval of six hours, with the result that the temperature, after a lapse of twelve hours, fell to 101.8, and never rose again more than a few tenths. The case made a capital recovery. Referring to koumiss and kefir, Dr. Blackley said that they were objected to by many patients on account of their taste. Benger's food, if not allowed to stand too long before peptonisation was stopped, was much more grateful, especially to children.

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PRESIDENTIAL ADDRESS DELIVERED BEFORE  
THE HOMŒOPATHIC SOCIETY AT THE CLOSE  
OF THE SESSION, 1887-8.

By DR. HUGHES.

GENTLEMEN,—The business of our annual assembly having now been transacted, and our officers for the ensuing session elected, it becomes my duty to wind up our present course of meetings with the usual retrospect.

I may begin by congratulating the Society upon the continued stream of accessions to its ranks which this session has witnessed—six new members having been elected. Thus our muster-roll, which Mr. Cameron has lately told us began (in 1844) with six, now counts 116 names. We could wish, indeed, that every British practitioner of homœopathy would join our ranks. But we must not expect more public spirit among ourselves than prevails elsewhere; and I hardly think that the British Medical Association itself shows a larger number of members than we have in proportion to those on whom we respectively draw.

Nor have we, on this occasion, many of those deaths to lament which deplete our strength and diminish our enjoyment. One name, indeed, appears no more on our list as it has done since 1848, and survives only in our kindly remembrance. But there it will ever remain green; for I speak of Robert Douglas Hale. No gentler spirit, no more earnest and conscientious mind ever found its place among us; and to high professional tone he added no small amount both of general and medical

culture. I do not suppose he left an enemy behind him ; and certainly in this Society he counted as many friends as there were members who knew him. We have also to regret the loss of Mr. Engall, a veteran in homœopathy if not in our special association ; and, while health and strength lasted, a regular attendant at our meetings.

Our monthly meetings were inaugurated by an elaborate paper from Dr. Pope, on the *The Varieties of Bronchitis and their Therapeutics*. It was a fitting subject for the entrance upon the wintry half of the year ; and of the ability with which it was treated we need seek no better evidence than that the paper was counted worthy of translation in full in the *Bulletin* of our sister Society in Paris. The discussion it aroused was full of interest, and, among other things, elicited some valuable experience of Dr. Harper's (whose voice is too seldom heard at our gatherings) with *sanguinaria*. The paper and discussion may with advantage be read side by side with their fellows of twenty years since, which will be found in the fifth volume of our *Annals* (p. 193).

Dr. Pope's was followed by a group of extra-homœopathic papers. In November, Mr. Knox Shaw discussed *Headaches and other Neuroses in their Relation to Errors of Refraction*. In December Dr. Wolston illustrated the application of the electro-cautery to naso-pharyngeal and other growths, Dr. Galley Blackley supplementing him with some cases in which the analogous application of electrolysis was curative in affections of the skin. In February Dr. Cooper communicated some interesting facts about "auto-massage" and baths in the treatment of ear-diseases ; and in March Dr. Edward Blake discoursed upon *Some Dental Reflexes and Direct Disturbances*. Such papers are necessary and welcome, because for most of us the British Homœopathic is the only Society in which we can relate and discuss our professional experience ; and this necessarily covers a wider ground than that which is cultivable by the method of Hahnemann. Thus the papers of Mr. Shaw and Dr. Blake illustrate a rule which in its place is quite as important as *similia similibus curentur*—I refer to *tolle causam*. There is, in the introduction to the *Organon*, a good deal of diatribe against the practice based upon this maxim. But when we examine it closely, we find that the *causæ* Hahnemann is contemplating are the

hypothetical and mostly visionary bases of disease assumed in the pathology of his day—spasms, infarctions, and so forth. To direct treatment against these he justly stigmatised as unwise and unpractical. But in a note to the seventh aphorism of the *Organon* itself the master points out, as a thing *qui va sans dire*, the necessity of removing any manifest exciting or maintaining cause; and in his essay of 1796, *Suggestions for Ascertaining the Curative Powers of Drugs*, he speaks of the removal or destruction of the fundamental cause of the disease as a “royal road”—the most elevated way which medicine could follow. Mr. Shaw and Dr. Blake are thus acting in his spirit when they urge us to correct the badly-refracting eyes and remove the carious teeth of our patients before attempting to prescribe for groups of symptoms which may be simply growths from these morbid roots.

Of Dr. Wolston's paper nothing need be said save that we congratulate ourselves on having so expert a surgeon within our ranks, and one who, on this topic at least, is listened to by his colleagues of the old school, as witnessed by his paper read before the British Medical Association at its annual meeting in 1886. Dr. Cooper's paper shows his unwearied devotion to his specialty, pressing into service every rational method of benefiting the sufferers from aural troubles. Dr. Blake was discursive and suggestive according to his wont, and a very pleasant “wont” it is.

By this time we had begun to hunger for some more distinctively homoeopathic food; and this was supplied us in the papers of March and April—the former by Dr. E. A. Neatby, *On Sepia*, the latter by Dr. Buck, *On Carbonate of Ammonia*. A comparison between the two is interesting. *Ammonia* is a drug which, if not in the first, is high in the second rank of traditional therapeutics; while *sepia* is regarded as an inert substance, useful in art but holding no place in medicine. Dr. Buck, as Dr. Proctor just before him at the Liverpool Congress,\* has made the utmost of *ammonia*, even to enriching its pathogenesis by a somewhat heroic proving on himself, for which he merits our warm thanks. But how trifling is the result! An occasional acute case occurs in which,

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\* See *Monthly Homoeopathic Review*, Jan., 1888.

given after our manner, *ammonium carbonicum* seems to do something towards favouring recovery; and that is all. Turn now to *sepia*, and consider the chronic and complex morbid conditions in which Dr. Neatby shows it to have been of such marked service. Go a little farther, and read the cases of cure by it communicated by Dr. Hansen, of Copenhagen, to the *Transactions of the International Homœopathic Convention of 1886*. It is evident that we have here a remedy of deep and wide-reaching power, able to modify favourably, and frequently even to remove, those persistent disorders of health which make life a burden, and whose relief and cure should be counted the grandest object of the healing art. Hahnemann set himself to this task as the crowning work of his life; and whatever we may think of the pathological theories of the *Chronic Diseases*, there can be no doubt that the new medicines given us in that work are the most efficient we have for the purpose. Only, to get their full benefit out of them, they must be given in tolerably high attenuation, from the 6th to the 30th. This is the testimony of all who have employed them; and if we would utilise their experience we must not shrink from following their mode of proceeding.

I hardly think this reminder unnecessary. I do not, of course, share in the jeremiads of a small party among us, who think that homœopathy is going to the dogs because most of us are less exclusive than we once were. I am glad to see a large part of our practice coming to occupy common ground with that of our brethren of the old school, and this from modifications on our side as well as on theirs. But side by side with this, or rather within its innermost penetralia, I would preserve what I have ventured to call the "higher homœopathy"—the more distinctive method of Hahnemann and his immediate followers, with its high dilutions, its rare repetitions, and its minute individualisation. I do fear that this field is hardly cultivated as it should be, especially by our recent converts; and I would urge them not to neglect it.

In May we made a new departure. Instead of having a paper for discussion, a "Clinical Evening" was announced, and members were invited to show specimens, exhibit cases, or otherwise furnish practical matter for discussion. The experiment proved a great

success, giving us the largest attendance of the session, and the supply of cases was so large as to bring about a veritable *embarras de richesses*. Drs. Neatby, Day, Moir, Watson, Cooper and G. Blackley were the contributors, and the meeting did not separate till a late hour. I am sure that all who were present at it will wish for another clinical evening as soon as may be.

In June Dr. Carfrae related some more of his interesting doings in uterine surgery. If his narratives were not of so heroic an order as on a former occasion, they were yet more instructive, for they served, as far as they went, to substantiate the claims made by Apostoli, that he can by electrolysis make fibroid tumours a comparatively innocuous burden to their possessors.

Dr. Galley Blackley's cases of typhoid fever brought before us last night are too fresh in your memories to need any further remarks.

While thus our stated course has been run, the Society will not forget that it has other work in hand, incidental in character but continuous in operation. In March, 1882, we unanimously resolved that the time had come for the re-construction of the *Materie Medica* and that we would undertake the task. The result, after many tentatives, has been the *Cyclopædia of Drug Pathogenesis*, whose second volume, bringing us half-way in our work, is now before you. Upon the merits of this compilation I can of course say nothing; but such as they are, they may be taken home by this Society, which had the credit of its initiation, and, in conjunction with its honoured associate and contemporary, the American Institute of Homœopathy, has borne the burden of carrying it on.

In reference to another publication of the Society's, the *Pharmacopœia*, I may mention the interesting fact that we have had our permission asked to have it translated into Urdu, for the benefit of the native practitioners of India, now, thanks mainly to the Calcutta Homœopathic College, becoming so largely indoctrinated with our method.

Lastly, I would recall our pleasant banquet on the occasion of Hahnemann's birthday, when we met in friendly intercourse to cement old ties and form new ones.

The British Homœopathic Society, however, does not limit its interest to its own specific work, and it is the



custom of your President, in his annual address, to take some survey of the homœopathic world at large, and note any events occurring there during the past twelve-month which seem worthy to be recalled.

In our own country there have been two such occurrences,—the opening of the Hahnemann Hospital in Liverpool, on the occasion of the meeting there of the British Homœopathic Congress; and the discussion upon *odium medicum* in relation to homœopathy, carried on in the columns of the *Times*. The first is one of those acts of munificence and public spirit happily not rare in any country, but which will ever associate the name of Henry Tate with the progress of homœopathy in England. Liverpool, whose dispensary has been the school of so many of the second generation of our practitioners, well deserves the boon of a homœopathic hospital of its own; and we may trust that the institutions of Hope Street and Great Ormond Street will continue to flourish side by side in generous rivalry as to which shall furnish most clinical instruction, and which shall do most beneficent work. The discussion in the *Times* we owe in the first instance to the liberal sentiments and gallant courage of Mr. Kenneth Millican; in the second to the readiness of Lord Grimthorpe to attack every abuse and shield every subject of unfairness and oppression. We would gladly have left in their hands the demonstration of the existence of the *odium medicum*, especially when “R. B. C.” and “J. C. B.” so conspicuously betrayed it in their communications to the controversy. But when these gentlemen indulged in such palpable misapprehensions of our doctrine and practice as those which appeared in their letters, we could not but intervene to explain and rectify; and I think that this Society has no cause to blush for those of its members who mingled in the fray. I trust that their expositions may have been of some use; but there are minds to which they seem addressed in vain. “R. B. C.,” in a recent article in the *National Review*, assumes that homœopaths would treat the amaurosis of smokers with *tabacum*, instead of advising the abandonment of their noxious practice; and an intelligent journal like the *Spectator* quotes the passage in which he makes this monstrous assumption as an unanswerable demonstration of the absurdity of our practice!



What results this discussion may have it would be premature as yet to forecast. Perhaps a sign of what is working in the minds of the profession in this country may be afforded by the following :—

“At an ordinary meeting of the Gloucestershire branch of the British Medical Association, held February 21st, 1888, the President, Dr. Currie, opened a discussion on the present position of homœopathy in relation to regular medicine, in which he propounded the question whether the hand of brotherhood should not be held out to the homœopaths, and concluded that it should. Dr. Bond answered in the negative. Mr. Waddy urged that all distinctions should be dropped. Dr. Needham argued that no reconciliation could be effected until the distinctive name was dropped. Dr. Batten spoke strongly in favour of Dr. Currie's proposition. Mr. Ellis said there was much to learn from the homœopaths. Dr. Souter said that, considering the great changes of opinion with regard to therapeutics, there was no reason for ostracising homœopaths. Dr. Clarke and Messrs. Bower, Cuthbert, and Carden also took part, and Dr. Currie replied.”

And again—

“A paper on the *Aims and Objects of the Therapeutical Society* was read before the same branch at a meeting held at Cheltenham, on May 15th, by Dr. Percy Wilde, of Bath, who attended the meeting as a guest. It gave rise to a discussion on the question of the homœopathic school, which was noteworthy if only on account of the courtesy and good feeling with which it was conducted. The view generally expressed was that, providing the Therapeutical Society could be placed on a strictly impartial basis, it was calculated to be of great service to the profession.”

I may be sanguine, but I venture to entertain the hope that the fortress of intolerance and prejudice, which we have long besieged in vain, is being undermined, and will ere long come down with a crash. But even if the day of reconciliation be distant, it is not too early for us to prepare its way, so far as in us lies. There are two points worthy, I think, of attention here. One is that we do not put ourselves in the wrong by any *ad captandum* proceedings. The appeal to the laity I would indeed say no word to discourage; let it be freely made, but let it

be after the manner of the tracts of the excellent Homœopathic League, *anonymous*. Do not let us advertise our names or our writings in such a manner as to bring ourselves into the unsavoury company of those who thus tout for practice: do not let us be open to the generally unwarrantable insinuation that we trade upon our distinctive homœopathic designation. The other point I would make is, that we interpose no unnecessary barrier to conciliation by acerbity of language on our part; or by going out of our way to oppose and ridicule such things as Listerism, as vivisection, as Pasteurian preventives of hydrophobia, and so forth. As individuals, we are entitled to our opinions on these subjects, and to the expression of the same; but I must feel regret when I see homœopathic journals as such taking up positions in the controversy, and so adding fresh elements to the contention we wage with the main body of the profession. I feel, moreover, that we are sometimes wanting in the *suaviter in modo* which becomes all such discussions as ours. There is a perceptible diminution in the bitterness of tone which used to characterise the utterances from the other side; even the *Lancet* is generally civil. Let us not be behindhand in cultivating the amenities of controversy; do not make the task of our friends more difficult by saying things which "set up the backs" of our enemies.

Looking now further a-field, we see every reason to believe that homœopathy is holding its own on the Continent of Europe, while in America (North and South), in Australia, and in India it is advancing "by leaps and bounds." In Leipsic a new homœopathic hospital has been opened, which we trust will have happier fortunes than the last. In France we have to congratulate the Hôpital St. Jacques on a recent legacy of 600,000 frcs., which will, we trust, yet further enhance the good work it has been doing. Spain and Belgium have each started a fresh homœopathic journal; and the recently constituted national union of the Italian adherents of our cause meets annually and publishes its transactions. In the United States all our societies, journals and institutions seem to be flourishing, as I trust a good many of us will see for ourselves by attending the International Convention to be held the other side of the Atlantic in 1891. Melbourne, with its fine hospital, has

so much work of our kind to be done that it is crying in our ears "Come over and help us"; and I have already adverted to the spread of our method among the native practitioners of India.

There is thus nothing to dishearten us in respect of our progress as an organised body, and still more encouraged may we be when we note the growth of homœopathic ideas among the profession at large. The proving of drugs on the human body has been carried out with *quinine* and *colchicum*, and the usual results have followed. The drugs have been found to cause in health what they cure in disease. The provers of *quinine*\* suffer from great fatigue and prostration, and from trigeminal neuralgia; those of *colchicum*† have dull pains in the joints, which in animals is developed into obvious congestion. The conclusion drawn by the experimenters in the latter case is that "colchicum produces its therapeutic effects by an irritant action;" and again, "in gout it produces a substitutive irritation of the articular surfaces." That is, of course, it acts homœopathically. In the same direction confessedly point the observations recently made by Mr. Hutchinson as to the power of *arsenic*, when long and persistently given, to produce a form of epithelial cancer. If there is a drug which has shown any power over malignant degeneration it is this; and behold the secret of such virtues as it has! Besides these special instances, we have the acknowledgment by Dr. Brunton and others that *similia similibus* does occasionally hold good. Mr. Millican has well shown that such an admission cuts away the very standing-ground of the intolerance of homœopathy: we would press it also as constituting a possibility that the rule may be more generally successful than it is allowed to be—by those who have not tried it.

We are thus advancing along our whole line. In resigning to my successor this honourable post, it is with confidence that under his guidance the British Homœopathic Society will still be found in the van of such advance, spending and being spent for the development of the reform in medicine which has called it into being.

\* *Virchow's Archiv*, 1887.

† See *Revue Hom. Belge*, Avril, 1887.

## CASES FROM PRACTICE.

By THOMAS SIMPSON, M.D.

EVERY general practitioner encounters critical moments, when his knowledge, his experience and his discretion are severely tested, and it must be of paramount importance to him that his decision should rest on sure foundations, and bear the impress of calm confidence. Experience is invaluable in such crises, but an intimate knowledge of pathology and of the *Materia Medica* are essential. The minute discrimination of the different indications for different drugs we hold to be the main-spring of all successful treatment, and as "there is no argument against facts," we venture to cite two cases which have recently rewarded us by successful issues against serious odds.

The first was a child, *æt.* 2 years, fair skin, delicate conformation, who, during the course of an attack of pertussis, suddenly manifested symptoms of capillary bronchitis. Respirations rose to 64, temperature, 104; sleep, moaning; head, hot and moist; urgent thirst; cough always on awaking from sleep, when he also cried bitterly and was very much distressed; and fine sibilant râles and minute crepitation were audible over an extensive area of thorax; suffocative attacks followed each cough. Indications for *bell.*, *phosph.*, *merc. sol.*, *acon.* or *cham.* We selected *belladonna* 30 every two hours for the moaning, distress, dyspnoea, high fever, and "disposition to perspire and sleep." This was followed by a marked subsidence of the erythema, and after six doses the indications for *phosphorus* became palpable, great oppression, anguish and heat in chest; short, dry, hacking cough, violent and aggravated at night; after four doses, at intervals of three hours, the serious symptoms had subsided. Now we had great distress on waking; sweat on *upper lip*, aggravation at 3 a.m., when spasmodic cough typically returned, and screaming, tossing about, and impatience of being spoken to, touched, or looked at, were marked symptoms. *Kali. carb.* was selected because of the aggravation at 3 a.m., in preference to *lycopod.*, *ant. crus.*, or *cina.*, which have the mental symptoms.

Now the patient is rapidly convalescent, happy,

regaining flesh and colour, and suffers very infrequently from the spasmodic cough.

His younger brother, æt. 6 months, alarmed his nurse by the rapidity of his breathing and other urgent symptoms on waking at 5 a.m. on the 24th ult. We found his condition bore a striking resemblance to the former description, with the disadvantage of a more tender age. Spasmodic cough before midnight, high fever, dry skin, restlessness, hurried, laboured breathing, wheezing during expiration. *Aconite* hourly, 6 doses, relieved many of these symptoms, when respirations became loud, slow and sawing. *Spongia* every hour was substituted, and continued 24 hours with marked benefit. Now we had much *rattling in larynx* when coughing, hoarseness and spasmodic closure of glottis, *relieved by a drink of water*. *Bromine* fulfilled the indications, and the little patient is quite well. *Calcareo phosph.* was prescribed to each child to facilitate dentition, expedite development, and hasten convalescence.

There is no pretension to originality in these details; they are simply fulfilments of the indications afforded by Hering, Carroll Dunham and Hartmann.

Liverpool, April, 1888.

## ON THE LOCAL TREATMENT OF PHTHISIS LARYNGEALIS.\*

BY CHARLES W. HAYWARD, M.D., C.M., Edin.

PHTHISIS LARYNGEALIS occurs in two forms, acute and chronic. The *acute* is generally due to exposure to ordinary causes of inflammation, and may be primary. *Chronic* is always secondary to other manifestations of the dyscrasia.

Phthisis laryngealis has been found without any lesion in thoracic or abdominal organs in a boy who died of tubercular meningitis—reported by Demme. It can therefore be a primary disease, although doubtless it is generally secondary. We may also find non-tubercular inflammation in the larynx, when there are tubercular manifestations in the lung.

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\* Read before the Liverpool Homoeopathic Medico-Chirurgical Society.

Out of 4,486 consecutive autopsies reported by Heinze, of the Pathological Institute of Leipzig, 1,226 were owing to pulmonary phthisis, and in these 1,226 cases of pulmonary phthisis laryngeal ulcerations were found in 51.3 per cent.. As we shall be speaking about the different localities affected by the disease, I make no apology for—before proceeding further—calling to your mind the geography of the larynx and showing you these anatomical preparations. You will notice the following structures:—The glosso-epiglottic ligaments. The epiglottis—in some cases flat, in others curved. Running back from this are the two ary-epiglottic folds containing the cartilages of Wrisberg and Santorini, and attached behind to the arytenoids. Also the shield-like plate of the thyroid cartilage, articulating with the signet-ring shaped cricoid which is surmounted posteriorly by the arytenoids—the posterior triangular surface of one of which is shown in one of the specimens (No. 2).

Then in looking down into the larynx (specimen No. 4) you will see the false cords or ventricular bands, and the true cords with the opening into the ventricle of the larynx between them, and below the true cords is the trachea.

*Pathology.*—(1). Anæmia. (2). Infiltration and tumefaction. (3). Ulceration. (4). Necrosis or caries. (5). New formations.

(1). Anæmia is found in all the chronic or secondary cases. The acute phthisis laryngis begins with congestion.

(2). *Infiltration and tumefaction.* This may be regarded as the first invariable characteristic. It may affect the larynx generally, but usually it is only partial. The affected sites are usually in this order. (1). The interarytenoid mucous membrane. (2). The arytenoids. (3). Ary-epiglottic folds. (4). Epiglottis. It may also occur in the false and true cords.

It is generally a tubercular infiltration of the superficial epithelial layer of the mucosa and by its presence often mechanically causes dyspnoea, and paresis of the larynx and impairment of voice.

(3). *Ulcerations.* These even in phthisical patients may be non-tubercular. Hering found that in cases of ulceration in phthisical patients it is tubercular in 83 per cent. and non-tubercular in 17 per cent. The

tubercular ulcer is characteristic, it is not deep but appears nibbled away, with ragged edges and a greyish irregular base. The ulcerations show first on the inter-arytenoid mucous membrane, and during phonation the ulcer is folded on itself and its edge is seen as a slight prominence above the posterior end of the true cords. They also may occur on the true cords, and they often show a red line running round them just outside the ragged edge, also ulcerations occur on the false cord, epiglottis, &c.

(4). Necrosis and caries of any of the cartilages may occur, and although rarely noticed during life, the evidence of it is rarely wanting at the autopsy. This occurs as a sequel to perichondritis which is extremely grave when attacking the cricoid.

(5). New growths may occur in all parts of the larynx, and may be in the form of (a) granular hyperplasia, (b) papillomatoid excrescences, (c) a rare variety of solitary tumour of the windpipe, noticed by John Mackenzie, and of tubercular character.

*Post-mortem appearances.* Anæmic infiltration (which is less than during life), ulceration and destruction of tissue, the mucous membrane, cords, ventricular bands or false cords, epiglottis, may all be more or less destroyed. Necrosis of arytenoids, cartilages of Wrisberg or Santorini and Cricoid, &c., tubercular patches in the mucous membrane of larynx and trachea, all these characters are shown in the plates passed round.

*Symptoms, Functional.* (1). *Failure of Voice.* This often occurs very early, in some cases a year or more before any signs can be found in the lungs. The voice may be weak altogether or fail entirely, or vary from a hoarse gruffness to a whisper. This symptom, when occurring in an evidently tuberculous patient, if watched, will probably be found to continue with slight variations for a varying period up to one or two years, and then the ordinary symptoms of pulmonary phthisis will develop.

(2). *Respiration is short, difficult and more frequent.* This, although not an early change, is noticed when the tumefaction and loss of mobility of the various parts occurs.

(3). *Cough,* owing to irritation and desire to clear the throat. The expectoration does not usually contain blood, which is different from the condition in cancer



where blood is usually expectorated, and also in syphilis blood is more frequently found in the sputum than from phthisical ulcerations in the larynx.

(4). *Dysphagia* does not always occur, but when it does is a very bad symptom. It may be from immobility of the epiglottis and fluids going into the larynx. Then when we get swelling and disease of the arytenoids and cricoid, and the mucous membrane on the pharyngeal surface of the posterior laryngeal wall, the dysphagia gets very bad and hastens the end by insufficient nourishment and pain.

(5). *Pain*. This varies in intensity, but is never so much as in carcinoma, and it is more than in syphilitic laryngitis in which disease great mischief can be done with a wonderfully small amount of pain.

*General Symptoms* are as in phthisis pulmonis, the elevation of temperature, wasting, cough, hoarseness and alteration of voice, with tired feeling or pain on using it.

*Diagnosis*. The local conditions can only be diagnosed by means of the laryngoscope. I have found Mackenzie's spectacle-frame far more comfortable than the head-band. The reflector should have a convenient aperture (best in Mackenzie's) through which to look, and the laryngeal mirror should be circular and as large as convenient. When any doubt exists as to whether any thickening of the epithelium or ulceration is present, look into the larynx by the reflected direct sun rays. The extra distinctness is wonderful, and would not be credited without trial, and conditions which, with lamp-light, appear mere thickenings of epithelium and roughness, are found to be commencing ulcerations.

With the laryngoscope we find the anæmia—or in acute tuberculosis, the congestion—the peculiar dead colour of the tumefied and infiltrated tissues. The mucous membrane over the arytenoids is swollen and shows a pear-shaped swelling extending up into the aryepiglottic folds—usually unilateral, but it may be bilateral—the epiglottis may be thickened and infiltrated looking like a sausage across the front of the larynx. Thickening of the epithelium on the interarytenoid mucous membrane; ulceration in the same situation or on the true or false cords: ulceration, infiltration and

necrosis of the epiglottis; the cartilages of Wrisburg, Santorini, Cricord, &c. The ulcers are ragged and worm-eaten, and have pale uneven bases; paralysis, which is usually of the right side, owing to the implication of the right recurrent laryngeal nerve, as it lies on the pleura at the apex of the right lung. The secretion is glairy or purulent and has a bad odour in necrosis of the cartilages, and may contain tubercle bacilli.

*Prognosis.* It is sooner or later associated with phthisis pulmonalis, and given the degree of pulmonary disease the length of life is generally in inverse proportion to the degree of dysphagia.

*Treatment.* The general treatment I shall merely mention, as it is the same as for phthisis pulmonalis. Above all change of climate, cod liver oil and medicines selected according to the symptoms, consulting for the dyscrasia the following, *calc. carb.*, *calc. iod.*, *ferrum*, *arsen. alb.*, *arsen. iod.*, *phosph.*, *sulph.*

*Local treatment.* Although relief rather than cure has to be expected from this, yet I think it is important and should be used oftener than it is at present. Soothing inhalations, as steam alone, steam with *eucalyptus* or *pine oil*, are very good to allay the irritation, or *extract of hops*, or *extract of conium* with a little *carbonate of soda*, form a very soothing spray. Greater benefit is got from the laryngeal brush. This must be used with great care. Harm is done by making a wild dash at the larynx, and then jerking the handle of the brush about in the hope of applying a medicament to the part which is diseased, while the patient gasps and gags. Steady and very careful manipulation is required. With a good light and reflector and the laryngeal mirror held steadily in the left hand, and the image of the larynx plainly seen in the mirror, the brush must be passed back steadily but not too slowly, otherwise the patient becomes wearied and cannot retain his position. The point of the brush must be seen (in the mirror at the back of the throat) to pass over the epiglottis, and then the handle must be raised without pushing the brush any further back in the throat. This manipulation causes the end of the brush to descend behind the epiglottis into the larynx. The point of the brush must be kept in view until it reaches the part to which the

application is to be made. When the point of the brush is not seen, it must be withdrawn and again introduced. The application must be made to the diseased part only, and not to the sound tissues around. Krause, at the laryngological subsection of the meeting of the German physicians at Berlin, in September, 1886, said: "Ulcers on the posterior laryngeal wall are curable by *lactic acid*, if there is not too much marasmus, which is a contrary indication. No tubercular ulcer can resist cicatrization by application of *lactic acid* made by a practised hand. The pain or even a certain amount of spasm resulting from the treatment is no contra-indication." Schrötter, of Vienna, and Fraeubel have corroborated this. Hering, of Warsaw, has made this subject a special study, and on the same occasion read papers on "The Curability of Tubercular Laryngeal Ulcers, and on their treatment," and said that "he had seen eight unquestionable cases which prove the curability of tubercular ulcers. He had also seen cures of such ulcers without medication. The ulcers were on the true and false ligaments, arytenoid mucous membrane and epiglottis. Their tubercular nature was certain from the contemporaneous affection of the lung and presence of bacilli. In three cases the cure lasted respectively nine, two and one year, and in five cases from half to three years. The larynx cured, the lung is ameliorated, the voice becomes better and general improvement results."

Lennox Browne also narrates a case where he has cured tubercular ulcer of the pharynx, when he first scraped the surface and then applied *lactic acid*, and improvement occurred and weight was gained. This has also been obtained in many other cases. I have myself treated a case of ulceration of the inter-arytenoid mucous membrane which was diagnosed by Prof. Schwitzler, in Vienna, as commencing phthisis, with *lactic acid* and *iodoform insufflation*, and the case improved and when she was dismissed the ulceration was healed and the cough and hoarseness greatly relieved. I have also treated and watched the treatment of several other cases of early tubercular ulceration in the larynx, and great improvement has been obtained.

The treatment of scraping and local applications has been applied to tubercular ulcer of the tongue, and also to lupus, which is regarded by many as a tubercular

ulceration of the skin, only of a less constitutionally-infective character, and in these cases is undoubtedly beneficial. The treatment advocated for phthisis laryngealis is simply a mode of giving the larynx the benefit of the same treatment which has been accorded to other parts for years.

The treatment for the larynx as recommended by Hering is by means of a curette to scrape away the tubercular elevations on the floor of the ulcer, and then to apply *lactic acid*, 20, 40, 60 up to 80 per cent. The oedema may also be treated by scarification and application of *lactic acid*.

Another means of treatment is the insufflation of *iodoform powder*, *iodoform* and *magnesia* equal parts. By these means the ulceration and oedema may be removed or improved, and upon removing these causes of irritation we get relief or disappearance of the distressing breathing cough and dysphagia.

Like removal of a cancer it is not a "cure," properly speaking, but like this operation it may prolong life, and there is no doubt that in both cases the closing chapters of what is at best a sad history are rendered brighter and less miserable than when left despondently to take their course without local alleviation.

Tracheotomy has been recommended to be done early, to give the parts rest. This is strongly advocated by Robinson in America, but the results obtained here in the Brompton Hospital have been unsatisfactory, and it is a procedure which, so far as we at present can see, is only advisable *in extremis*, and then is not encouraging.

Also medicines directed to this part have a good effect, but the local manifestations are more powerfully influenced for good by the local treatment than by the simple administration of medicines.

Combine both, and use for the hoarseness *spongia*, *causticum*, *kali bichromas*, *belladonna*, *kali hyodriodicum*, *rumex*, *bromine*, *iodine*, &c. I do not wish to underrate the value of the careful selection and administration of drugs according to the principle of similars, but having seen the benefit derived from the local treatment I have described, and the pleasure and gratitude the patients have expressed for the relief they have obtained from the constant cough, hoarseness, irritation, and dysphagia, which becomes all the more pathetic when we know that,

although we may have rendered the life more pleasant and less sad, yet we have unfortunately been unable to do much towards warding off the end, I am led to urge that such patients should have the benefit of whatever comfort they can possibly derive from careful local treatment of the diseased larynx.

### A CASE OF ULCERATION OF THE CORNEA TREATED WITH *KALI BICHROMICUM*.

By ALEXANDER H. CROUCHER, M.D., C.M.

Mrs. C., æt. 25, came under treatment at the Eastbourne Homœopathic Dispensary on April 27th, 1888. Patient is a gardener's wife, and was suffering from inflammation of the right eye, which had existed for three months. Hereditary history unimportant.

When patient was 6 years old she had inflammation of the right eye, which lasted five or six months, and again when 15 years of age a similar attack occurred in the same eye, duration of attack about the same. Opacities formed on the cornea from these attacks, leaving the eye practically useless as an organ of vision.

History of present illness: In December last patient was confined, and suckled the child. At the beginning of February one of the breasts became inflamed. It was feared an abscess would form; the child was therefore weaned, and the inflammation subsided.

On the subsidence of the mastitis the right eye became inflamed, and, in spite of treatment by tonics internally and lotions and poultices applied to the eye, pain and inflammation increased.

On April 27th, patient came to the Dispensary. The condition of the affected eye was then as follows: There was extreme photophobia, pain in and around the orbit was severe; lachrymation was also profuse.

On the skin of the eyelids and cheek on the right side were several red and irritable sores, about the size of hemp seeds; the eyelids were thickened and inflamed. At the situation of the external canthus was a painful-looking fissure, with indurated and inflamed edges; the eyelashes were agglutinated by a purulent discharge.

A cocaine disc inserted within the eyelids was of great service in facilitating further examination.

Examination of the eye itself showed the conjunctiva (both ocular and palpebral) to be in an acutely inflamed condition.

The cornea was of ground-glass appearance, through which the outline of the pupil was dimly seen. Extending across the inner half of the cornea from the periphery to the centre was a deep ulcer, elongated in shape; feeding this ulcer were two large red blood vessels coming from the inflamed ocular conjunctiva.

*Treatment.*—One drop of a solution of *sulphate of atropia* (grs. ii. ad. aq. ʒi.) was ordered to be dropped into the eye three times a day. From April 27th to May 11th, *liquor arsenicalis*, *mercur. corros.* 2x, and *arsen. iod.* 3x were given at different times, without apparent benefit.

On May 11th, *kali bichrom.* 3x gtt. ii. was given every four hours.

May 16th.—Patient reported the eye feeling more comfortable, and there was less photophobia; inspection showed the conjunctiva to be less injected.

*Atropine* drops continued, and also *kali bich.*; in addition one drop of *tinct. sulph. fort.* was given night and morning.

May 23rd.—The inflammation was seen to have very much diminished, was in fact nearly gone; the vessels supplying the ulcer are no longer visible. Patient said she felt very much better, and can bear the light well.

May 30th.—Still greater improvement noticed. *Atropine* drops and *sulphur* discontinued, *kali bich.* 3x gtt. iv. given three times a day. *Boracid acid* lotion ordered for the eye, and to be used night and morning.

June 5th.—The eye has returned to its usual condition, but vision is no better than previous to this attack.

Eastbourne.

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## THE EYE AS A FACTOR IN FUNCTIONAL NERVOUS DISEASES.

By F. PARKE LEWIS, M.D., Buffalo, N.Y.\*

No subject, perhaps, during the last ten years has more profitably occupied the medical profession than the study of the sympathetic nervous system in the wonderful

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\* Read before the Ophthalmological Section of the American Institute of Homœopathy, June, 1888.

effects of reflex action, in health and disease, and the mutual inter-dependence and correlations which are only now beginning to be understood.

It has come to be generally recognised that convulsions often arise from gastric or intestinal disturbances in children, and that we have *æsthenopia* dependent upon a narrow prepuce or contracted urethra, gastralgia and dyspepsia resultant from uterine and ovarian disease, and more recently neurasthenia and local neuralgia due to rectal ulcers, fistulæ, or enlarged rectal lacunæ.

That the eye has been an important element in local disturbances has also for a long time been well known, and it is within the experience of every oculist that circum-orbital pains, the various forms of headache, and even vertigo may be the result of a refractive anomaly, and be relieved by the adaptation of a suitable glass. But more recent investigations have determined that even such profound nervous diseases as hysteria, chorea, epilepsy and insanity may be due to eye-strain arising from imperfect balance of the muscles of the eye.

That the initiative in this line of work was taken by Dr. George T. Stevens, of New York, is beyond questions, and while few, perhaps, are prepared to follow him to the limits of his enthusiasm, few, in the light of clinical facts, will be prepared to deny that he has opened a field of almost boundless possibilities. For if, as is probable, only a certain proportion of neurotics have defective eyes, we must admit that finding a method of relief for even these is to find a missing factor in a complicated pathological problem.

Independent investigators, following the clue given by Dr. Stevens, have recently been developing the same line of study. So eminent a neurologist as Ranney, in a lecture delivered not long since before the New York Post-Graduate Medical School, reports cases in his own practice where the relief of manifest ocular defects produced remarkable and unlooked for benefit in various neuroses which for years had been looked upon as incurable. The cases which he cites include chronic epilepsy, excruciating headaches, with chronic diarrhoea, and neuralgic paroxysms; melancholia, with morbid impulses, cerebral confusion and distress; and an intractable prostatic neuralgia; cerebral neurasthenia, with pseudo ataxia and chronic headache; chorea of 31 years' stand-



ing affecting head, face and all of the extremities, &c., &c. The records of these cases are all accessible, and are not, therefore, given in detail. Such results, however, coming from so careful an observer, sufficiently demonstrate the importance of this element in our clinical armamentarium.

Among the ocular defects which have a neuropathic tendency, hypermetropia (far-sightedness) stands first, not because it is the most disturbing element, but because it is most frequent. Myopia (near-sightedness) certainly of the refractive errors is of the least importance, unless complicated by some muscular insufficiency. Astigmatism can scarcely exist in the sensitive subject without resulting in a more or less serious nervous disturbance. Of the muscular defects, a difference in height in the lateral visual planes develops and perpetuates the most intractable neurosis, although insufficiencies of the recti muscles, whether internal or external, may produce nervous disorders nearly, if not quite, as severe. The value of these quantities in the pathological equation depends largely upon the sensitive pre-disposition of the individual. Refractive errors in the young, strong eye in moderate degrees may for years occasion but slight discomfort and no neurosis; but in those more easily affected, even slight imperfections may seriously disturb the general nervous system, and clinical experience seems to verify Dr. Stevens' assertion that visual difficulties are "among the most prolific sources of nervous disturbances, and more frequently than any other conditions constitute a neuropathic tendency."

In every case of chorea examined by the writer, some defect, either refractive or muscular, has been found, and usually both.

The number and variety of nervous symptoms coming from eye-strain will be illustrated by the following case of hypermetropia (far-sightedness) with muscular insufficiency:—

"Mrs. C., a highly organised and sensitive brunette, 82 years of age, has been subject for years to severe pain in the back of the head and neck, with a feeling as though the head were drawn backward; soreness and pricking in the spine; has been unable to endure the jar of a carriage in riding; frequent nervous chills, with

violent trembling when under excitement, at such times also difficulty in swallowing food, seeming contraction of the pharynx; sleeplessness with twitching and jerking of the limbs; creeping sensation, involving the back and limbs, becoming at times almost unbearable.

“An examination of the eyes revealed the following condition: In each eye the vision was  $\frac{1}{8}$ , increased by a convex glass of 1 to  $\frac{1}{3}$ . The strength of the various muscles at 20 feet was of the internal rectus  $18^\circ$ , external rectus  $8^\circ$ , superior rectus  $1^\circ$ , inferior rectus  $2^\circ$ . Apparent slight hyperphoria.

“Suitable glasses were prescribed with complete relief of all the nervous symptoms, although there is a tendency for them to recur if the glasses are not worn.”

In any functional nervous disturbance, and, from what has been said, it will follow that many cases must now be recognised as functional which have been considered organic, the diagnosis cannot be concluded until the eyes have been thoroughly examined. If the eyes are far-sighted or near-sighted, or astigmatic, the proper lens must be employed. If the muscles are not strong enough they must be strengthened by proper exercise, if necessary with prisms, and properly chosen remedies will frequently be of great value. But there is a class of cases in which none of these ordinary modes of treatment will suffice. As the eyes may be congenitally unlike, so the muscles may from birth be inco-ordinate. In these cases the diagnosis is often most difficult; to them the most serious nervous troubles are frequently due; and for them there is but one remedy—tenotomy. Operative measures for the correction of obvious muscular insufficiencies have been resorted to in numerous instances for many years. But the correction of slight defects by cutting the tendon has not only been looked upon with distrust but its justification questioned by many of the ablest men in the profession. Even such a man as the late Dr. Loring was led to say that he regarded the work done in this line during the last few years as one of the saddest pages in the history of ophthalmology, and in this he was seconded and supported by the equally able Dr. Derby of New York.

But when we see the failure of every other known method followed by such astonishing results as those reported by Stevens and by Ranney we are constrained

to the belief that the unfortunate results which have sometimes occurred, have been due either to the fact that the cases were not properly chosen, or that the operation was not skilfully performed.

The essential lesson to be drawn from the review of this whole subject is, that operative measures are never warranted unless they are the only means by which a cure can be effected. And while it may not be necessary for the surgeon to have employed every known means of treatment before determining upon a tenotomy, he must be assured of his diagnosis and satisfied that neither remedies, prisms nor lenses of any character whatsoever, can modify the condition. Even then, the proportion of cases requiring operation will be found by no means small.

Of the various deviations to which the eye is subject, a difference in height of the visual planes most seriously affects the nervous system. This condition is technically called hyperphoria. Next in frequency and importance is a tending inward of the planes of vision or esophoria, and third a deviation outward, or exophoria. Any of these may co-exist with absolutely perfect sight, and no obvious malposition of the eyeballs. While usually in these conditions the eyes are not strong, the other nervous symptoms are so much more prominent that the eye-difficulty is looked upon more as a result than as a cause, and is often regarded as a symptom of some serious cerebral or spinal disease. It is only after the most careful and, in many instances, frequently repeated examinations, that one of the forms of heterophoria will be revealed.

The operation is one of extreme delicacy, and even in practised hands the greatest caution must be observed in order that the condition may not be complicated and the operation ruined by relaxing the muscle too much.

In fit cases, when the work is rightly done, few operations in surgery give more satisfactory results. The following sketches synopsised from my own case-book will indicate the value of this work.

Miss G., aged 45, came to me in January last, bringing an introductory letter from Dr. J. T. Cook, of Buffalo. She could not remember when her eyes were not painful; had always been obliged to hold objects close to the eyes in order to see clearly; complained of

pain in the back of the head, which at times became very severe; frequent wakeful nights; great nervousness, with dread of going anywhere or seeing anyone; and a gradual increase of all these symptoms. An examination revealed a myopic astigmatism, for which concave cylinders of  $\frac{1}{2}$  a dioptric each and of proper angle were prescribed. There was also a difference in the height of the planes of the eyes of  $1^{\circ}$  (left hyperphoria), and a difference in the planes laterally of  $5^{\circ}$  (exophoria). The cylinders prescribed were tried for a month, but without affording the least relief, rather causing discomfort.

On the 9th of February the left superior rectus was tenotomized, lowering the eye to the extent of  $1^{\circ}$ . The relief was almost immediate. Without further operation the interni gradually grew stronger, and by the 13th of April the exophoria had entirely disappeared. The glasses could then be used with perfect comfort, the nervous symptoms have now almost entirely gone, and the general health is better than it has been for years.

Mrs. N., of this city, aged 33, has been a confirmed neurotic for years; has worn lenses for hypermetropic astigmatism, which I had myself prescribed ten years before (with the glasses her vision was perfect). Has, nevertheless, had difficulty in using the eyes for five minutes at a time. The following have been among her more prominent symptoms. Incessant pain in back of neck at the base of the brain; sensation as if ice-cold water were being poured over the head; ringing and rushing sound in the ears, with beating and pounding in the head sufficient to almost drown the sound of her own voice; most intractable insomnia, for one entire month getting no sleep excepting by the use of strong doses of opium and chloral; catching of breath and gasping as if she could never breathe again; excessive palpitation of the heart, so as to jar the whole body and prevent her from climbing an ordinary flight of stairs without stopping several times to rest but without any organic heart lesion, a sudden noise would startle her so that she would tremble for half-an-hour; a fluttering and sensation of weakness in the abdomen which could only be controlled by wearing a tight bandage; great pain in the back, bearing-down sensation, with aching extending to the knees. Her physician diagnosed a passive congestion of

the uterus, which he considered dependent upon a depressed nervous condition. She had also numberless other nervous symptoms which would apparently quite warrant this diagnosis. An examination of her eyes developed the fact that there was a difference in height of the planes of the eyes of  $1^{\circ}$  (right hyperphoria) with a turning inward (lateral esophoria) of  $3^{\circ}$ . A tenotomy of the superior rectus lowered the right eye the necessary  $1^{\circ}$ , and subsequently two tenotomies relaxed the left internal rectus  $3^{\circ}$ . The result was a complete and almost immediate relief of every one of the nervous symptoms.

Other similar records might be transcribed, but it is needless to multiply cases of this kind. Enough has already been said to demonstrate that beyond question no case of functional nervous disease, no matter how profound its nature, can be pronounced incurable until it has been conclusively proven that the eye muscles are properly adjusted, and that, in short, the eyes are optically and organically perfect.

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## REFORM IN THE MEASURING AND RECORDING OF VISION.\*

By HAROLD WILSON, M.D., Detroit, Mich.

THERE is a deplorable lack of uniformity among oculists in the matter of testing and recording visual acuity. How great this lack of uniformity is, a casual inspection of current ophthalmic literature will readily reveal. Some writers use one standard for distance, some another; one man employs the metre, another the foot; sometimes reduced, sometimes unreduced fractions, with all sorts of Roman or Arabic numerators and denominators are employed to express that simple and fundamental function of the eye; and the most important single factor of our case records is obscured by the unreasonable caprices of an elastic and arbitrary nomenclature.

The visual power may conveniently be divided into three parts: 1st, light-perception; 2nd, colour-percep-

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\* Read before the Ophthalmological Section of the American Institute of Homoeopathy, June, 1888.

tion ; 3rd, form-perception. Any comprehensive scheme must involve all of these elements, but we are, practically, most necessarily concerned with form-perception. There is scarcely a case of eye trouble coming under our observation in which this function does not find an expression in our records. A satisfactory notation for this function should possess the following requisites : simplicity, uniformity and accuracy.

I have elsewhere\* called the attention of the profession to a scheme by which these ends may be secured. It is briefly this : Assuming that the visual acuity measured at 20 ft. varies directly as the linear dimensions of the smallest object seen, and taking as a base such an object as at twenty feet makes an angle of five minutes upon the retina, a series of test-types can be constructed with which this acuity may be measured and expressed in decimal notation. This assumption is purely arbitrary, and must not be taken as expressing a mathematical law. Since making this proposition I have learned that Monoyer had devised a similar plan, and caused a plate of test-type to be constructed by which it could be carried out.

The advantage of this decimal notation over the use of common fractions is too obvious to need comment, and even if the ordinary form of the visual record is not properly the fraction it seems to be, decimals have the advantage of greater uniformity and simplicity.

At the recent Congress of French ophthalmologists, Parinand offered a new series of test-types, and in the discussion which followed it was agreed that the scales of test-type most generally in use were notoriously arbitrary and defective, that the use of common fractions ought to be abolished, and that any real improvement should be hailed with joy.

Now, in order to secure this desired uniformity in our records it is necessary not only to adopt a uniform method of notation, but to make our test of vision under the same conditions. This means that we must use an unvarying standard for distance and illumination. It will not answer for one oculist to place his patient 20 feet, another 15 feet, and another 12 feet from the test-type : nor will it answer for scientific or even practical accuracy

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\* *Am. Jour. of Oph.*, Dec. 1887.

to make our examinations now under the light of a bright sunny day, and now under that of a dark and cloudy sky.

It is possible in every oculist's office, ten or more feet in length, to secure a reading distance of 20 feet. If the room be 20 feet long the fact is evident. In any room with less than 20 and more than 10 feet of clear space the problem may be solved thus:—The test-types are printed backward, and are hung on the wall just over the patient's head. At a distance of a few inches over 10 feet from the wall, \* and in front of him a small but good mirror, about 8 inches by 12 inches square is so placed that it gives him the reflection of the test-type, now apparently reading in the proper way, from left to right.

The effect of this reflection is virtually to put the test-type at the distance of twenty feet from the observer.

In regard to illumination, there is a well-known physical law to the effect that small differences in the illumination of any object are less appreciable as the total amount of light is greater. If we then illuminate our test-type strongly, small variations in the intensity of the light are of little consequence, and we may therefore use any source of artificial illumination that is sufficiently powerful indifferently.

My own practice for the past two years has been to use a student lamp swung upon a movable bracket, and furnished with a small glass reflector, which served to concentrate and limit the light. A gas argand, a common fish-tail burner, or even an ordinary kerosene lamp, if properly arranged, will answer perfectly.

By the use of artificial illumination in a dark room, the oculist is in nowise dependent upon the natural variations of daylight, but has always at his command a sufficient and uniform light by which to make his tests.

Briefly, then, the use of the decimal system as the means of notation, the uniform standard of twenty feet—or of six metres, if that is better—as a reading distance for the far point, and the use of artificial illumination sufficiently intense, constitute the elements of a reform

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\* Exactly, at such a place that the distance from the test-type to the mirror and back to the patient's eyes is 20 feet.



which must sooner or later prevail. For his individual use a man may record his cases in any form and upon any principle his fancy may suggest; but, for the benefit of ophthalmic science, those cases finding their way into its literature should be readily intelligible to all other workers in the same field. Hence, the imperative need of something better than our ordinary methods; and I commend the matter to this section which, as a national organisation, should very properly initiate such reforms.

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### ODIUM MEDICUM IN NEW ZEALAND.

IN New Zealand is an Association termed THE NEW ZEALAND MEDICAL ASSOCIATION, consisting of sundry branch Associations, based upon the plan of the British Medical Association, and inheriting the spirit of *Odium Medicum* which has throughout its history distinguished its parent. To this body "no homœopath, nor any person whose qualifications are not recognised by the British Medical Council," is eligible for membership. Five years ago, when the Auckland Branch of the Association was formed, our colleague, Dr. Murray Moore, practising in Auckland, entered a protest against the adoption of this rule.

At the present time, an important medical registration bill is under the consideration of the Colonial Legislature, and is being discussed by the profession. For the purpose of such discussion, a Conference of the members of the Association was held in Auckland at the latter end of May. Out of 465 members of the profession on the New Zealand Medical Register, 20 only attended! The chief object of the Conference was to secure that all the members of the Provincial and General Medical Councils to be created by the proposed bill should be selected, not from among those whose names are on the Medical Register merely, but exclusively from the members of the New Zealand Medical Association! A body which excludes certain properly qualified medical practitioners! Surely such a barefaced attempt to legalise *Odium Medicum* in one of our Colonies will not succeed!

The members of this Auckland Conference were evidently afraid of the ridicule their debates would involve

them in, for they refused admission to all reporters! They met to discuss a proposed Act of the Legislature, a measure in the details of which the public are as fully interested as the profession, and they dared not let the public know what the wishes and aims of the profession were!

Precluded from having any share in a discussion bearing directly upon his professional interests, Dr. Murray Moore addressed the following letter to the members of the Association, a copy of which was sent to every medical man in the Colony.

“To the President and Members of the New Zealand Medical Association.”

“Gentlemen,—I understand that a conference of all your branch societies in New Zealand is shortly to be held in this city, at which many subjects deeply interesting to the whole medical profession of this colony will be discussed.

“On inquiry I find that I am debarred from taking part in this conference by reason of my method of practice (viz., homœopathic) disqualifying me from membership of your Auckland branch, according to No. 10 of its rules. Rule 10 states that ‘No homœopath, nor any person whose qualifications are not recognised by the British Medical Council, shall be eligible for membership.’

“Now, although I am aware that this rule has been framed in accordance with the anti-homœopathic resolution passed by the British Medical Association so far back as 1851, and that the rules of your branch associations are modelled after those of the provincial branches of the B.M.A., yet I protested strongly against the introduction of this clause in 1888 at the formation of the Auckland branch, and now again renew my protest.

“In order that my colleagues may have my views fairly under consideration, I am having this letter printed and sent to those whose addresses are accessible.

“For the second time, then, I solemnly protest against the importation into the free air of this colony such a piece of old-world prejudice and narrowness as the exclusion from your society, by Rule 10, of certain properly-qualified practitioners, merely on the ground of their belief in a certain law or rule of therapeutics, the existence of which is denied by the majority, who have never investigated it. To be honest and explicit, the title of your Auckland branch should be ‘The

Auckland Allopathic (or Non-Homœopathic) Medical Association.'

"Far removed, as we are in Auckland, from medical libraries, museums, colleges, and special hospitals and societies, one would have thought that a company of medical men forming a cc:cnial society—formed, as the Memorandum of Association of the British Medical Association expressly states, for 'The promotion of the medical and allied sciences, and the maintenance of the honour and interests of the medical profession'—would not have excluded from their fellowship that small number of honest men who openly acknowledge the truth of the Law of Similars *first demonstrated* by Samuel Hahnemann. What would the scientific men of the world think if the British Association for the Advancement of Science had debarred from its membership, thirty or forty years since, all believers in Darwin's Theory of Evolution? It would have become the derision of all scientists. It is precisely because every new theory and fact brought before it has been always freely discussed, and, as a rule, investigated, that this grand and liberal association has become the leader of scientific work, and the goal of aspirants after fame throughout the world.

"The broad basis of membership should be (1) a respectable character and (2) the possession of a diploma or degree recognised by the British Medical Council. The ballot will secure you against the admission of individuals unacceptable to the majority of members.

"Those to whom I am personally known will admit that I possess these two qualifications; but, in order to correct certain misrepresentations current, I must state: 1st, that I have never met in consultation, here or elsewhere, an unqualified man; 2nd, that my fees are adjusted to your tariff; 3rd, that I am not in partnership with any chemist.

"While I am glad to acknowledge the individual friendship and professional assistance of some of your ablest men, I am now seeking to remove this barrier—not for myself alone, but for all qualified practitioners of my therapeutic belief.

"As the various objections to the admission of homœopaths to the medical societies and hospitals have been completely answered (by Lord Grimthorpe, Dr. Dudgeon, Dr. Dyce Brown, and others) in the recent controversy in the *Times*, and by Mr. Kenneth Millican in his article in the *Nineteenth Century* magazine for February, 1888, entitled "The Present Position of the Medical Schism," it would only be waste of time and space to reiterate and refute them. (All medical men should read the latter article.) But I must be permitted

to say that while I neither assume (on my card or plate) the title of "Homœopath," I cannot for a moment repudiate the word which, to the public, conveniently and rightly designates my mode of practice. It is just as correct as to describe Mr. H. H. as an "oculist," and Dr. W. as an "aurist." All these terms describe specialities, and there is nothing of which one need be ashamed in the appellation "Homœopathist" or "Homœopath." But are not many of you homœopaths without knowing it? Do you not give a small fraction of a grain for a dose, *e.g.*, one-hundredth of a grain of *corrosive sublimate* in dysentery, a disease to which this drug is peculiarly homœopathic (see records of poisoning, *passim*)? Is not a drop of *ipecacuanha* wine given to cure vomiting a homœopathic remedy? &c.

"I find your favourite Manuals of Therapeutics, written by Drs. Ringer, Bartholow, Lauder Brunton, and C. Phillips (who himself practised homœopathy in Manchester for twenty years) absolutely teeming with unacknowledged appropriations from homœopathic sources—(Dr. Potter's Index, etc.). I find the experience of Drs. Bayes and Hughes, both prominent homœopaths quoted with respect by Dr. Ringer. I find that homœopaths are admitted by the Birmingham Medical Institute, the Manchester Medico-Ethical Society, and the Therapeutical Society of London; and I still remain a Member of the Royal Medical Society of Edinburgh.

"I do not at present believe in the *universal* application of the law of similars; but, after a clinical experience of twenty-one years, I can truly say that this same much-abused law or rule, *similia similibus curentur*, covers a very large majority of all cases of disease *amenable to any sort of drug treatment whatever*.

"To call the practice of my system 'irregular' is a futile objection, so long as you cannot agree upon a *unanimous* definition of what 'regular' practice consists in. So much is homœopathy permeating the so-called 'regular' practice that even our tasteless preparations of medicines are being imitated all over the world. Exclusive of these two peculiarities of practice, I am in full accord with the conventional ethics and usages of the profession.

"Gentlemen,—Our lot is cast in a young and vigorous country, where truth should spread and grow, untrammelled by tyranny, whether medical, religious, or political, and where our noble profession should discountenance Pharisaism in its societies, whilst presenting a determined and united opposition to *real* quackery. I call upon you to signalise this Conference—the first meeting of the New Zealand Medical

Association in Auckland—by sweeping away this obnoxious clause, which is rendered doubly offensive by being worded so as to class us with the whole tribe of unlicensed practitioners.

“I have the honour to be

“Faithfully yours,

“JOHN MURRAY MOORE,

“*M.D.; M.B. and C.M. with Honours, L.M. University of Edinburgh; M.R.C.S., England; M.D., New Zealand; Member of the Royal Medical Society of Edinburgh; Fellow of the Botanical Society of Edinburgh; Member of the General Council of the Edinburgh University, &c.*

“Symond Street,

Auckland, May 21st, 1888.”

We congratulate Dr. Murray Moore on this well-worded and singularly temperate address to his medical neighbours; and are glad to find that he has a large share of public sympathy in protesting, as he has done, against the injustice of which he complains.

The Auckland *Evening Star*—the editor of which is no homœopathist—in taking Dr. Murray Moore's letter as its text for a leading article, says that “the body calling itself the New Zealand Medical Association” “is of course quite at liberty to conduct its business in private, but it need not expect by such tactics to escape public scrutiny and criticism.” Referring to Dr. Murray Moore's letter to the President, the editor says that it “draws attention to a serious defect in the constitution of the society; and the public interest demands that an association claiming to be representative of the colony should be made aware, in the most explicit manner possible, that it is entirely out of sympathy with popular ideas and wishes, and at complete variance with the genius of colonial life and institutions.

“From this circular we learn that Rule 10 of the Medical Association states that ‘no homœopath, nor any person whose qualifications are not recognised by the British Medical Council, shall be eligible for membership.’ The effect of this is to exclude some half-dozen registered medical men from the society, simply because they have adopted the principles of homœopathy in their practice, and these gentlemen are thus subjected to a species of ostracism by being classed with those ‘quacks’ and unqualified practitioners who are rightly kept outside the magic pale. That no personal slight or injury is intended by this exclusion of homœopathists does not require stating to those who know the high esteem in which Dr. Mur-

ray Moore and other followers of Hahnemann are held by their fellow practitioners. But all the more on this account, the restrictive rule shows in a strong light how closely medical men of the old school are wedded to prejudice, and how the medical profession of New Zealand unblushingly advertise themselves as being bigoted opponents of reform or innovation. The fantastic variety and delightful uncertainty attending the practice of medicine according to antiquated methods have doubtless strong attractions for that class of minds which view simplicity with suspicion and consider lucidity to be a cloak for all manner of hidden mischief; but it is utterly opposed to the genius of science to discourage fresh inquiry into the theory or practice of the healing art, just as it is opposed to the public interest and contrary to the spirit of the age, to declare that innovators, or followers of a certain system, are unworthy to be members of the New Zealand Medical Association."

After quoting a portion of Dr. Murray Moore's letter, the editor concludes his article in the following terms:—

"While joining in Dr. Moore's protest against the perpetuation here of Old-World prejudice and narrowness, and joining in his wish that the Medical Association should at once remove the stigma that rests upon it, we offer no opinion upon the respective merits of the big dose and the little dose in medicine. In one respect we are most ardent allopaths, and we therefore find fault with the very homœopathic treatment which the Medical Association gives us in the matter of news. It is highly desirable that a body so large and important as the New Zealand Medical Association should give full publicity to its doings, especially with regard to its efforts to influence legislation, presumably for the public good. The proposed Medical Bill which the Conference is to discuss during its sitting here should certainly be published for general information."

By refusing to discuss homœopathy, by declining to admit to medical societies those members of the profession who practise homœopathy, the British Medical Association has made a great professional blunder. If homœopathy cannot be discussed in Medical Societies, it must and will be set forth in public newspapers. The New Zealand offspring of the British Medical Association will do well, before they become too intoxicated with *Odium Medicum* to allow of their realising the outcome of their action, to ponder over the query addressed by Dr. Percy Wilde to the Gloucestershire Branch of the Association. Having, while pleading for the discussion of homœopathy

in medical societies, referred to the correspondence in the *Times* as the necessary result of the anti-homœopathy policy of the profession, he said, "it enables us to ask whether our proposal to permit such discussions in a purely medical society is not better calculated to maintain the honour and dignity of the profession, than one carried on in the columns of a daily newspaper. Those who oppose our proposals warmly supported and eulogised the action of those who undertook in the public press to bring ridicule and reproach upon those practitioners who held heretical views on the subject of therapeutics." What result had their doing so "upon the feeling of public confidence felt for our profession as a body" as reflected by the organs of public opinion? "The chorus of condemnation rising from ridicule to reproach which followed, is without a parallel in the history of journalism." \*

If the members of the New Zealand Medical Association wish to preserve themselves from ridicule, and their profession from reproach, they will lose no time in repealing law No. 10 of their Association, and in providing every opportunity for a full and fair discussion of homœopathy.

## REVIEWS.

*A Cyclopædia of Drug Pathogenesis.* Edited by R. HUGHES, M.D., and J. P. DAKE, M.D. Part viii.—*Ferrum to Iodum.* London: Gould & Son. 1888.

THIS part completes the second volume of the *Cyclopædia*. We have full records of the provings of and poisonings by *gamboge*, *gelsemium*, *glonoine*, *hamamelis*, *hellebore*, *helonias*, *hepar sulphuris*, *hydrastis*, *hyoscyamus*, *ignatia*, *iodine* and the *iodide of potash*, together with several of the minor lights of our *Materia Medica*. To this number is added an appendix (having a special index) containing a few corrections needed in the two volumes, together with some additional provings of and poisonings by some of the substances treated of in these volumes.

The whole work gives evidence of having been done with the greatest care, and cannot fail to have an important influence on the future study and teaching of therapeutics.

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\* *Monthly Homœopathic Review*, July, 1888, p. 408.



*Cold-Catching, Cold-Preventing, Cold-Curing.* By J. H. CLARKE, M.D., &c. Second edition revised. London: J. Epps & Co. 1888. Pp. 75.

*Indigestion: Its Causes and Cure.* By J. H. CLARKE, M.D. London: J. Epps & Co. 1888. Pp. 100.

THESE two little books convey a considerable amount of useful common-sense information on colds and indigestion. The measures usually adopted to relieve the suffering each generally occasions are also sufficiently detailed, and the teaching illustrated by cases drawn from the author's practice.

Both are written in an attractive and pleasing style, and they will, we doubt not, prove serviceable to those who follow the precepts they enjoin.

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*Theatre Hygiene: a Scheme for the Study of a somewhat neglected department of the Public Health.* By WALTER E. ROTH, B.A. London; Baillière, Tindale & Cox, 1888, pp. 58.

THIS well and carefully written pamphlet is the work of a son of our old friend Dr. Roth, who has just retired from amongst us.

In the treatment of his subject Mr. Walter Roth exhibits a degree of completeness in his knowledge of the questions involved in rendering a theatre safe and wholesome alike to the playgoer and play-actor, which gives great importance to the proposals he makes, all thorough going as they are. Mr. Roth is no partial reformer. He looks at a theatre from every point of view, from its requirements in the event of fire or panic, down to the sanitary qualities of the cosmetics wherewith the actors and actresses create artificial complexions!

To all who are interested in theatrical arrangements Mr. Roth's brochure will convey many a useful lesson.

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## MEETINGS.

### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE Annual Meetings of the members of the Institute were held during the last week of June at Niagara Falls, under the presidency of Dr. A. C. Cowperthwaite, Professor of Materia Medica in the University of Iowa. During the meetings nearly 400 physicians and their friends were present. The lengthy reports of the proceedings we have received through *The Hahnemannian Monthly*, *The North American Journal of Homœopathy*, and *The American Homœopathist*, show that the meetings were characterised by the large number of useful and practical contributions read and discussed at the various sections.

The proceedings opened on the evening of Monday, the 25th June, with prayer for the Divine blessing on the meetings, offered by the Rev. G. F. Rosenmuller, of Niagara Falls. The President then delivered the Annual Address. After a passing tribute to the memory of those members who had died during the year, Dr. Cowperthwaite pointed out the hopeless character of the search for a therapeutic system with fixed and immutable fundamental laws through the study of the nature and causes of disease, and dwelt upon the importance of the thorough investigation of *materia medica*. He then passed on to describe the progress of homœopathy during the past year, and in doing so referred to the *Odium Medicum* controversy in *The Times*, and to a recent address by Dr. Bartholow before the American Medical Association. He then passed at some length to consider the important subject of Medical Education, when he urged the necessity of a higher standard, the appointment of a committee to formulate and adopt some uniform system of education which shall be made binding upon all medical colleges where homœopathic therapeutics are taught. After advising measures securing greater publicity to the proceedings of the Institute, Dr. Cowperthwaite closed his address with an eloquent peroration, in which the victory of the homœopathic law of cure, and its adoption by all schools of medicine, was predicted with confidence.

The address was loudly applauded throughout, and especially so was the appeal he made for a higher standard of education.

Of the large number of papers read in the different sections, it is impossible for us at present to give even an abstract that would prove of service. We have, however, the pleasure of publishing two read before the ophthalmological section in our present number, and in our next will appear one on the treatment of sub-involution of the uterus, read by Dr. E. M. Hale before the gynæcological section.

On the present occasion we shall confine ourselves to presenting our readers with the reports of some of the committees.

The report of the Bureau of Organisation, Registration and Statistics was presented by T. Franklin Smith, M.D., Chairman, stating that he had 350 members in the photographic group about completed; he had also 586 autobiographical sketches. The statistics showed 4 national, 2 sectional, 30 State, and 105 local societies or clubs. Reports from 23 general and 23 special hospitals, with capacity of 4,769 beds. Treated 29,976 patients. Of this number, 19,529 were cured, 8,687 relieved, 6,760 remained under treatment, and 915

died; mortality, 8.75 per cent.; 88 dispensaries treated 144,448 patients, and made 882,956 prescriptions.

Our colleges reported 1,215 students and 890 graduates during the past year; 20 journals were published in the interest of the school.

The Committee on the International Convention of 1891 reported progress, and asked that the sum of \$25.00 be appropriated for the use of the committee during the coming year.

The report of the Committee on the Pharmacopœia was made through its chairman. They had examined the British Homœopathic Pharmacopœia, as to its general character, and would recommend the consideration of the following suggestions:—

1. The use of the word dilution, instead of tincture, for attenuated preparations.

2. Use of distilled water as a standard of comparison between weights and measures. Instead of minims we would read grain measures.

3. Use of glass-stoppered bottles for distilled water.

4. Use of alcohol of sp. gr. of 820.

5. Use of the decimal scale entirely.

6. Omission of the reference to the therapeutic activity of certain agents.

7. Introduction of maceration as a tincture-making process, alternating with percolation.

8. Dilutions to correspond in medicinal strength (drug power) with trituration of the same number, instead of  $\frac{1}{100}$ , as at present.

9. Limitation of the sign  $\phi$  (phi) to denote the strongest liquid pharmacopœial preparation.

10. Use of sign o (zero) to denote original substance.

11. Use of single vernacular pharmacopœial name for each medicine.

12. Alphabetical arrangement of all caption names in a single series.

13. Simplification of the process of trituration and a longer time to a given quantity of the furnished product.

On motion of Dr. I. T. Talbot, the following resolutions were adopted: That a committee consisting of twelve members of the Institute, six of whom shall be pharmacists, shall be appointed to prepare a Pharmacopœia which shall bear the authoritative sanction of this body;

That this Committee be instructed to confer with the Pharmacopœial Committee of the International Homœopathic Congress held in Basle in 1886, or with other Committees of similar character, which may be appointed by foreign societies,

with the intent of making the work, if possible, of an international character ;

That this Committee be instructed to use as a basis the British Homœopathic Pharmacopœia, due weight being given to other authorised pharmacopœias, obtaining the fundamental facts, as far as possible, from original sources ;

That this Committee be empowered to fill any vacancies in its membership caused by death or resignation.

The following were appointed on the committee : Drs. Lewis Sherman, J. Wilkinson Clapp, F. E. Boericke, H. M. Smith, Jas. E. Gross, Wm. Boericke, J. P. Dake, C. Wesselhoeft, A. C. Cowperthwait, T. F. Allen, Malcolm Leal and H. R. Arndt.

A most interesting and valuable report was presented by the Bureau of Materia Medica on *zincum* and its salts, by Dr. A. R. Wright ; and subsequently the committee on Drug-Provings through their chairman, Dr. C. Mohr, presented a report which included thirteen provings of *arseniate of quinine*, by eight provers ; nine of *zinc. met.*, by six ; four of the *iodate of zinc*, by four ; two of the *phosphate of zinc*, by 2 ; two of the *valerianate of zinc* by 2 ; and one of the *picrate of zinc*. The report also included eight provings of *lilium* by six provers, and two of *adonis vernalis*. These were prepared a year ago. In all cases *saccharum lactis* was used both before commencing the experiments and during their course, in order to test the genuine character of the symptoms attributed to the medicines.

The "Committee on Medical Education" presented its report through the chairman, Dr. T. G. Comstock, insisting on a preliminary education which should include mathematics, ancient and modern history, geography, natural philosophy, physiology, and elementary chemistry, and Latin and Greek. If the student cannot present a certificate of proper qualification in these branches, an examination must be insisted upon. In the medical colleges four years of study and three full courses of lectures of five months each was recommended. That every college should possess a working laboratory, where chemistry and pharmacy can be practically taught ; also that the therapeutics of other schools should be carefully explained, and the student thus prepared to give a "reason for the faith that is within him."

The "Committee of Conference on Medical Education" reported progress and was continued, while the report of the "Intercollegiate Committee" was presented by Dr. I. T. Talbot, Chairman.

On motion it was resolved : "That after the college session of 1890-91, all homœopathic colleges of this country shall require of their graduates three years of medical study, in-

cluding three full courses of didactic and clinical instruction of at least six months each. That this Institute shall, after 1891, require of all applicants for membership graduating after that time, full compliance with the above requirements for graduation."

While all were in favour of four years' course of study, which would be ultimately required, it was thought that the above was all that could be practically carried out at the present time.

We believe that however inadequate such a course of study might be considered by the General Medical Council, less than one-fifth of the 118 medical colleges in the United States under the control of the old school require an equally high standard.

The following officers were unanimously elected for the ensuing year :—

President—Selden H. Talcott, M.D., Middletown, N.Y.

Vice-President—T. Y. Kinne, M.D., Paterson, N.J.

General Secretary—Pemberton Dudley, M.D., Philadelphia.

Provisional Secretary—T. M. Strong, M.D., New York.

Treasurer—E. M. Kellogg, M.D., New York.

Board of Censors—Drs. R. B. Rush, Millie J. Chapman, T. F. Smith, W. H. Dickinson and C. G. Higbee.

Lake Minnetonka, near St. Paul's, Minnesota, was chosen as the next place of meeting.

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### MEDICAL REFORM UNION.

At the adjourned meeting of the general annual assembly, held July 5th, 1888, Dr. Hughes, president, in the chair,

It was resolved, that the Medical Reform Union being now constituted and officered, and having promulgated a statement of principles to the satisfaction of its members, do suspend further action until it shall be called upon, by its members or otherwise, to undertake the same.

The meeting received from Dr. Greig, of Wakefield, the gratifying information that the matter he laid before the council of the Union some time ago, and upon which the council tendered advice to Dr. Greig, had been settled to his satisfaction.

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### NOTABILIA.

#### PROGRESS.

We understand that a paper on homœopathy was recently read before a suburban medical society by Mr. H. Harris, of Denmark Hill. The paper was listened to with attention, and excited an interesting discussion, several of those who

took part in it admitting that they had learned much regarding homœopathy that they had not previously known or suspected.

This is just the kind of work that is most needed, and we feel sure that if opportunities for doing it are but obtained, men willing and able to undertake it will be forthcoming. That the great majority of the profession know really nothing of homœopathy we have long been well assured of. That the proper place for discussing it is the ordinary medical society cannot be disputed. Once homœopathy is fairly understood by, and its advantages demonstrated to, members of our medical societies, they will put it to the clinical test, and when they have done this fully, homœopathy will be adopted by them, at first in part and ultimately wholly.

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#### HAHNEMANNIAN PHARMACY ENDORSED BY THE OPPONENTS OF HAHNEMANN.

DR. LAUDER BRUNTON has not only endorsed, *via* Dr. Potter, a large number of the clinical uses of drugs first made known through the researches of Hahnemann and his disciples, but he has also expressed his approval of one of Hahnemann's methods of preparing drugs for medicinal purposes—that of trituration. A little later, perhaps, and he will announce the “discovery” that pilules and globules of sugar of milk, saturated with tinctures of drugs, have, in his hands, proved both efficient and convenient!

The following extract from a paper by Dr. Murrell, in the *Practitioner* for last December, gives Dr. Brunton's views:—

“Dr. Lauder Brunton defines triturations as being ‘intimate mixtures of substances with sugar of milk,’ whilst in the United States Pharmacopœia the following directions are given for their preparation:—‘Take of the substance ten parts, sugar of milk in moderately fine powder ninety parts, to make one hundred parts; weigh the substance and the sugar of milk separately, then place the substance, previously reduced if necessary to a moderately fine powder, into a mortar, add about an equal bulk of sugar of milk, mix well by means of a spatula and triturate them thoroughly together. Add fresh portions of the sugar of milk from time to time, until the whole is added, and continue the trituration until the substance is intimately mixed with the sugar of milk and finely comminuted.’ The introduction of triturations seems not to have been unattended with opposition, for Stillé and Maisch insinuate that their employment is objectionable ‘on moral as well as theoretical grounds.’ I should be sorry to take any step which might savour of immorality, but as I found these

compressed triturations in general use in many hospitals in the States, and as I received the assurance of many distinguished physicians, both of the east and the west, that they employed them with benefit, I determined to give them a trial. The list of these triturations is a long one, and I have not used them all, but those I have prescribed since my return to England have given such good results that I am encouraged to pursue my investigations.

“The compressed tabloids have this great advantage over the method of administration usually adopted, that they ensure accuracy of dose without the trouble and annoyance of weighing or measuring, and they can be taken at any time and in any place even when the patient is following his ordinary avocations \* \* \*.

“Whether the mere fact of minutely sub-dividing a drug by triturating it with sugar enhances its effect is still a moot point, but it must be remembered that whilst metallic mercury in bulk is almost inert as a therapeutic agent, it acts as a powerful purgative and is capable of producing a marked physiological effect when rubbed up with chalk as in the official grey powder, or when triturated with liquorice-root and confection of roses in the preparation of blue pill. Other drugs which are usually described as being valueless are stated to have an increased effect when minutely subdivided. Possibly the fact of presenting them in a form in which they can be readily assimilated by the stomach and intestines may afford a sufficient explanation.”

Doubtless the “immorality” which Drs. Stillé and Maisch thought they saw in the use of triturations consisted in their having been introduced and first used by homœopathic physicians. A few years ago their opinion would have been shared by nine-tenths of the physicians and general practitioners of this country. Now the rule is to do as the homœopaths do, and in proportion as you do so declare homœopathy to be a fraud!

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### ODIUM MEDICUM AT THE WAKEFIELD POST-OFFICE.

LAST February Dr. Greig, of Wakefield, was consulted by an official of the post office in that town. The state of his health rendered it necessary for him to be relieved of his duties for a time. That he should obtain such relief, without loss of pay, the post office authorities required a certificate of his condition from his medical attendant, to be countersigned by their medical officer. On the patient presenting Dr. Greig's certificate for the signature of the surgeon to the post office,



that gentleman—being permeated with *odium medicum*—refused to append his name to it.

Upon this Dr. Greig, after some correspondence with him, addressed a letter to the secretaries of the Medical Reform Union asking their advice upon the steps he should take to compel that official to acknowledge his professional status. In accordance with the suggestion of the Council of the Union, Dr. Greig laid the facts before the Secretary of the General Post Office, and did so with the very satisfactory result of making the post office surgeon understand that his employers would not permit any such exhibition of arrogance and insolence as he had displayed on this occasion to be an excuse for refusing to perform the duties of his office.

The following is a copy of the correspondence relating to this matter which passed between Dr. Greig, Mr. Walker, and the Secretary of the Post Office upon this matter:—

“New Wells House, Wakefield,

“March 14th, 1888.

“Dear Sir,—I am informed that, acting as the medical officer to the post office in Wakefield, you have refused to countersign the certificate I gave in the case of my patient, Mr. G. Morris. If this is so, would you kindly oblige me with the reason?

“I intend sending this correspondence to the Postmaster General.

“Yours faithfully,

“(Signed) William Greig.

“J. W. Walker, Esq., M.R.C.S.”

“The Elms,

“March 15th, 1888.

“Dear Sir,—I presume the letter addressed to my son was meant for me as medical officer to the post office. With respect to countersigning your certificate for Mr. G. Morris, I must decline to be responsible for any person's certificate unless I had seen the case, and as you and I do not practise on the same principles, I could not visit your patient to certify as to his illness.

“Yours faithfully,

“(Signed) Thomas Walker.

“W. Greig, Esq., M.B.

“P.S.—I hope Mr. G. Morris will be allowed his pay by the post office authorities.

“T. W.”

“New Wells House,

“March 16th, 1888.

“Dear Sir,—I have to thank you for your letter received to-day. Seeing that this matter has nothing to do with the different principles in medicine which we practise, but simply

a matter of certifying that a man is or is not fit for work, might I ask you to reconsider the decision given in your letter? I hope you will excuse me in pointing out that a post office official is entitled by the rules of the service to consult his own medical man, but he is bound to submit to an examination by the medical officer appointed by the service. The object of this regulation is, I presume, to prevent idleness, &c. Your countersigning my certificate does not commit you to more than that the officer is unfit for work, and that certificate; I submit, he can claim from you. I give you my word that if at any time you give a certificate for any official under my care as you would to any other medical practitioner, I will see that the patient understands that, acting as the medical officer, it is your duty, in the interests of the post office, to see that any member of the staff is really ill, and for that reason only it has been necessary that you should call, and does not commit you in any way to my treatment.

"I must press you, therefore, to countersign the certificate in Mr. Morris's case, as I observe from the postscript to your letter you admit he has been unfit for duty.

"Yours faithfully,

"(Signed) W. Greig.

"T. Walker, Esq., M.B.C.S."

"The Elms,

"March 17th, 1888.

"Dear Sir,—I do not wish for one moment to doubt the accuracy of your certificate for Mr. Morris, but as I have already given you my reason for not countersigning it I must decline any further correspondence with you in the case.

"Yours faithfully,

"(Signed) T. Walker.

"W Greig, Esq., M.B."

"New Wells House, Wakefield,

"April 2nd, 1888.

"Sir,—I beg to submit the enclosed correspondence between Mr. T. Walker, the medical officer to the post office in Wakefield, and myself. I am a medical practitioner, doubly qualified, registered, and practising homœopathy. I would respectfully point out that all persons holding public offices are entitled to consult any duly qualified medical man, and I presume the object of having a local gentleman to countersign certificates of ill health of officials is to prevent abuse. Any course that may be suggested to attain this object will be willingly adopted by myself.

"To prevent a repetition of this unfortunate misunderstanding, and the annoyance it has caused to one of your

officials, I should feel obliged by your giving instructions to the post-master here to accept my certificate, in the event of Mr. Walker's refusal on any future occasion to countersign the same.

"I beg to add that I have been and am desirous of avoiding any unpleasantness with my professional brethren, and should you think fit to accede to my request I will undertake not to abuse the confidence reposed in me.

"I have the honour to remain, Sir,

"Your obedient servant,

"William Greig.

"To the Secretary,

"General Post Office, London."

"New Wells House, Wakefield,

"June 9th, 1888.

"Sir,—An early reply to my communication of April 2nd will oblige.

"I have the honour to remain, Sir,

"Your obedient servant,

"(Signed) W. Greig.

"To the Secretary,

"General Post Office, London.

"General Post Office, London,

"June 11th, 1888.

"Sir,—in reply to your letters of the 9th inst., and previous dates bearing upon a correspondence which recently took place between yourself and Mr. Walker, the Medical officer of the Wakefield post office, I beg leave to inform you that Mr. Walker has undertaken in future to see officers of the post office who have been attended by you, and to countersign any medical certificates which you may furnish.

"I trust, therefore, that no difficulty such as that referred to in your letter will again arise.

"I am, Sir,

"Your obedient servant,

"(Signed) H. Joyce.

"W. Greig, Esq., M.B."

A year ago the medical officer of the Infectious Hospital, where any medical man in the town can attend his own patients, refused to allow Dr. Greig to enter the institution, one which is under the management of the Corporation of the Borough. Dr. Greig very properly laid a complaint before the Council, when the Mayor and members of that body unanimously censured Dr. Wade for his conduct towards Dr. Greig, and gave him full power to attend all patients at the hospital who might desire his services; and there he is,

we believe, at the present time attending a number of small-pox cases.

We congratulate Dr. Greig on having suppressed his neighbours' eruption of *Odium Medicum*; we wish that we could do so on his having cured them of it.

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### THE COLLEGE OF PHYSICIANS AND *THE LANCET* *versus* POPULAR MEDICINE.

On the 2nd of February last the Fellows and Members of the Royal College of Physicians passed the following resolution by a considerable majority:—

“That it is undesirable that any Fellow, Member, or Licentiate of the College should contribute articles on professional subjects to journals professing to supply medical knowledge to the general public, or should in any way advertise himself or sanction his being advertised.”

The danger to the profession of the general public becoming too familiar with the therapeutic agnosticism of the leading physicians of the day had, just at that time, received a striking illustration in the columns of *The Times*. We are, therefore, not in the least surprised at the alarm this resolution indicates on the part of the Fellows and Members of the College lest their “art,” by becoming popularised, should lose a good deal of its “mystery.” The “art and mystery of physic” must go hand-in-hand if anything is to be made out of their practice.

Again, we have heard that this resolution was chiefly urged upon the College by *The Lancet*. A medical journal of a more or less popular type was rapidly rising in public esteem under the auspices of one or more prominent Fellows of the College. This of course was very detrimental to the interests of the proprietors of *The Lancet*, who have ever made it unceasingly their business to cater for the appetite of the general public for something sensational and “blood-curdling” in physiology, pathology, medicine and surgery. To quote the words of the *Universal Review* (June), “From a professional organ written by doctors for doctors, dealing with strictly professional and technical matters for professional purposes, from an organ of medical science intended for the use of adepts in that department of learning, the *Lancet* has so far yielded to the influence of its surroundings and interests, as to have degenerated into a vehicle for conveying medical information, not always of a very desirable sort, to the general public. Indeed, it is matter of common knowledge that the *Lancet* finds its widest public outside the circle of the profession for which, ostensibly, it is designed. Its proprietors boast that

no library table is complete without it, and that its absence from any well-furnished reading room would be remarked \* \* Every week some spicy or startling item from its pages is transferred to the columns of the daily papers, and the decision of the *Lancet* on what to eat, drink, and avoid, is declared to be the verdict of the faculty on such matters."

Citing the terms of the resolution we have referred to, the *Universal Review* goes on to say,—“The regulation does not press so hardly as might be supposed. If the profession cannot go to the public, the public can go to the profession; and that is just what the *Lancet* enables it to do. For, see, you make up a number of a journal on the following plan: Take of advertisements about anything in the heavens above, the earth beneath or the waters under the earth, which can possibly interest a more or less imaginary invalid—seventy pages; of pleasant discourse on embryonic life, highly interesting and instructive to our young people—two pages and a half; of downright heavy and profoundly scientific stuff, interesting to nobody but the writers—some dozen pages; of accounts of special operations, interesting only to those who are likely to have cases requiring such treatment, and therefore mere advertisements for the business carried on by the operators—half a score of pages; next some twenty columns of coloured and pseudo-scientific paragraphs about subjects connected with our homes, our amusements, and our occupations; a little about our queen, and a good deal about our neighbour's kaiser; many columns about our taxes, our hard times, the climates we might enjoy, and the sort of weather which torments us; and we have a paper calculated to interest any fairly educated reader for half-a-day—a journal to vie with the *Times* or the *Spectator* for the general reader, a splendid medium for bringing week after week into our homes the names, the honours, and the history of the work of the high priests of medicine and surgery in this kingdom. How they avail themselves of their opportunities, how they blow their own trumpets, how they tell of their successes and explain their failures—is it not written in the columns of the oldest medical journal?” The object and chief end apparently of the College resolution is stated in the following terms: “The effect of the recent resolution of the College of Physicians has been to boycott popular medical papers for the laity. They say: ‘You shall not have your *Hospital* because it excludes the many disgusting details and illustrations given in some other medical papers, and contains nothing which forbids its entrance into the family circle. We forbid our members and licentiates to write for you in their pages. If you want medical knowledge go to the fountain head for it. Are there

not the *Lancet* and the *British Medical Journal*? What more can you want?"

As a matter of fact the altered character of education, the greater amount of time now devoted in our schools to physical science, to the study of physiology and the laws of health, the ambulance classes, and those for teaching nursing, which are everywhere held, has created a thirst for knowledge regarding disease and its special requirements which will be satisfied and must be provided for. The College in prohibiting its fellows, members, and licentiates from contributing to such provision will be held directly responsible if teaching of this kind falls into the hands of incompetent persons.

Its eagerness to restrict a general knowledge of medicine, and to support the commercial interests of existing medical journals, are alike unworthy of its position as the leading medical institution in the country. That it will succeed in its efforts is simply impossible. To stem the tide of advancing knowledge, to check the desire of the public for increasing information, are matters which so closely concern their nearest and dearest interests, that to force upon them journals containing much that they have no desire to see, and to prevent the publication of journals supplying the kind of knowledge that is wished for by them, are as much beyond the power of the Censors of the Royal College of Physicians as they have found the endeavour to crush homœopathy out of existence to be.

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#### THE LATE DR. G. L. M. STRAUSS.

LAST autumn there died at Teddington, at an advanced age—he must have been 80, and probably he was older—one who during his long life has played many parts, one of which was in connection with the earlier development of homœopathy.

Dr. Strauss was a genuine Bohemian, and delighted in describing himself as "The old Bohemian." Born in Canada, educated in France and Germany, a Doctor of Philosophy of the University of Berlin, during many years a student of medicine at several seats of learning, he yet never presented himself for graduation. When on the eve of doing so on one occasion, he was offered an assistant-surgeoncy in the French army in Algiers. Here he saw, in all its intensity, and well-nigh fell a victim to, the blood-thirsty practice of the Broussaie period of French medicine. Leaving Algiers incapacitated for service by Algerian fever, he reached Lyons, as he fully expected, only to die there. Here he met with a medical friend, who gave him *arsenic* and food. After the first dose of the medicine, his "quotidian" left him never to return, the dropsy and prostration rapidly disappeared, and his health

became restored, leaving as a reminiscence a dyspepsia which in the form of gastorrhœa, was a constant source of discomfort, while an acute attack, which occurred a few years ago, nearly cost him his life. He was cured then by a dose of *chloride of sodium*—in other words, *natrum muriaticum*.

In 1882 he translated from the German into French several homœopathic books, and among them Hartmann's *Homœopathic Therapeutics*, for a Dijon publisher—said translation purporting to have been made by a homœopathic physician in Dijon!

In 1886 Strauss was the assistant of the Count des Guidi, M.D., who introduced homœopathy into France, and who, for some years, had a large practice at Lyons. In a very entertaining book—*Reminiscences of an Old Bohemian*—he gives an amusing sketch of the Count and of his mode of practice, together with some reference to M. Desaix, another well-known homœopathic physician in the South of France at that day.

Somewhat later, when in Paris, he was engaged by Dr. Jourdain, the supposed French translator of Hahnemann's *Organon*, to do some translation work for him. The manner in which M. Jourdain did his translation work (that is to say, had it done for him) Dr. Strauss describes as follows:—

“I was getting uncomfortably near the end of my tether, when, one morning early, Dr. Jourdain knocked at my door, like unto a messenger bringing tidings of comfort and joy. He had work for me—hurrah!

“It was that gentleman's habit to divide a book into six, seven, or eight parts, as the case might be, and distribute them among the same number of competent, trustworthy translators, reserving for his own share the general editing of the book. In this way Baillière, for whom the doctor worked, was enabled to bring out in a few weeks translations of brand-new foreign works.

“On this occasion the doctor brought me the sixth part of a pretty stiffish volume to do, asking me, at the same time, whether I could recommend some other competent translators for two more sixths to be done in a fortnight sharp. I proposed to take the half volume, faithfully promising it should be done in time. After some demur he consented.

“I set to work there and then. I got in coffee, spirits of wine for my little boiler, oil for my lamp, and a tub of cold water to put my feet in.

“Nought else I needed. Eating and drinking draw the blood from the brain to the stomach, interfering thus injuriously with the operation of the higher organ.

“I sat down to my work about nine in the morning, and continued at it for thirty-seven consecutive hours. It was ten



o'clock in the evening of the second day when I had actually accomplished close upon one-third of my task. I felt my brain in a whirl; the pen dropped from my cramped fingers. An irresistible impulse seized upon me to rush forth into the streets; and nothing would serve me but I must make my way to the Rue de Bourgoyne, where Jourdain lived, and ring his bell at eleven o'clock.

"The valet was rather staggered when he saw me; so was his master, who came out in dressing-gown, slippers and nightcap, marvelling much what could possibly have brought me there at such an unconscionable hour; which just then dawned upon me, and made me feel and look more than embarrassed. He was a sensible man, however, and kind-hearted withal. 'I suppose you need money,' he said, to my great relief. '*Reverà,*' I cheerfully replied, '*rem acu tetigisti.*' He handed me two hundred and fifty francs, with which I rushed away as madly as I had come.

"Sleep, in my then state of *surexcitation*, being out of the question, I sat down again to work, and continued without intermission till two p.m. next day. It was only then that I thought of going in for an afternoon's rest and recreation.

"I felt more than peckish, I was downright ravenous for food; and no wonder; I had tasted nothing but coffee for some sixty hours. I had, ere this, been obliged to dine upon a penny loaf and a vivid imagination; but coffee, as an article of food, must yield the palm to the staff of life."

Then follows, in true Bohemian style, an account of a forty-franc dinner at the Trois Frères Provencaux with a refugee Polish nobleman as his guest!

If this is the way in which M. Jourdain's translations were performed, what, we should like to know, is the actual value of them to the practitioner of medicine? Some things are probable, others are possible, but with the greatest integrity and most striking ability on the part of the translator—and Strauss was both able and honest—we do not believe it is either probable or possible that any scientific book can be correctly transferred from one language to another after this fashion. As some of M. Jourdain's translations from the German have been rendered into English, we need no longer wonder that they are oftentimes erroneous.

In 1840 Dr. Strauss was the assistant of Dr. Curie, attending to his correspondence, French and English, to his homoeopathic pharmacy and dispensary, and to his humbler patients. In 1850, we find him doing translation work for *The Homoeopathic Times*.

It must be remembered that Strauss's work in connection with homoeopathy was done simply as a means of livelihood,

He had no more confidence in the infinitesimal doses of Hahnemann as curative agencies, than he had in the "bleeding, blistering, burning and drenching, which," he tells us, "were the great, nay, almost the only, means ever dreamt of by the immense majority of the faculty to combat all sorts of ailments." As to the principle of homœopathy, he alludes to it but slightly, indeed only sufficiently so to prove that he had never realised its meaning or the method of applying it in practice.

He was a man of great literary ability, an accomplished linguist, and possessing a fair knowledge of chemistry. During his life in England, he was connected with all sorts of journals and newspapers. At one time he was on the staff of *The Medical Times and Gazette*, at another the editor of *The Grocer*, and a contributor to *The Chemist and Druggist*; presently he was sent abroad as war correspondent by *The Aberdeen Free Press*; again for a while he was the editor of *Tinsley's Magazine*, and afterwards the author of various plays and of a work on cookery!

From all we have heard of him, he was a most genial companion, full of wit, humour and good nature. One of the founders of the Savage Club, he was, to the last, one of the most popular visitors at that well-known rendezvous of literary and artistic good fellowship.

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#### DR. EUSTACE SMITH ON SULPHUR IN CONSTIPATION.

In a lecture on "The treatment of habitual constipation in infants" (*British Medical Journal*, July 7), Dr. Eustace Smith says: "In the West of England a remedy, held in high esteem, consists of half a grain of sulphur coloured red with cochineal. That this apparently insignificant dose is often efficacious when given regularly every night I can testify from my own experience." It is a pity Dr. E. Smith will not test the efficacy of other "apparently insignificant doses" of homœopathic medicines. Every tyro in homœopathy knows the value of small doses of sulphur in habitual constipation. But it is convenient now-a-days to refer such new bits of practice not to their proper source, but to such authority as its use in "the West of England." When will the time come when doctors of the old school, in adopting homœopathic remedies, and in minute doses, give honour to whom honour is due? From the old "brimstone and treacle" to the "apparently insignificant" dose of half a grain once a day the change is considerable. We commend to Dr. Smith the further study of homœopathy, and he will find his success in the treatment of children much increased.

### MEDICAL SYMPATHY.

MR. CHAUNCEY M. DEPEW, the President of the New York Central Railway, in a speech recently delivered before the Syracuse (N.Y.) Medical College, when referring to the importance to the physician of an agreeable and sympathetic manner, said: "When the cheerful and hopeful physician enters the room he brings in health and comfort. The sufferer knows that this man is able and skilful, that his brain and heart are full of the case, that his sympathies follow his efforts, and the potentiality of his powers is intensified by the inspiring magnetism of his personality."

In quoting this sentence the editor of the *New York Medical Record* adds: "We would say to this at once that the periphrasticity of Mr. Depew's eloquence greatly accentuates its aptness and profundity."

### THE SCIENCE OF GASTRONOMY.

A CELEBRATED London medical authority writes:—"I think very few of the English public, nor indeed of the cooks who cater for the public at restaurants, &c., know how excellent a result is attainable in the form of 'aspic' by the proper use of 'Liebig's Extract.' The summer season is essentially the time for consuming it. Nothing is more tempting in appearance, in flavour and in coolness than aspic jelly as the medium in which little cold fillets of all kinds—fish, fowl, game, lamb, lobster, &c.—may be served, as well as salads. 'Nelson's Gelatine' is the basis, 'Liebig' to colour and give the meat quality and body, a little Tarragon vinegar and Worcester sauce to flavour, and a little lemon juice, giving at a ridiculously small cost a perfect aspic jelly."—*Lady's Pictorial*.

### BRITISH HOMŒOPATHIC SOCIETY.

At the annual assembly of the society, on the 28th June, Dr. Carfrae was elected president; Dr. Edward Blake and Dr. J. H. Clarke, vice-presidents. Dr. Dudgeon and Dr. J. G. Blackley were re-elected as treasurer and secretary respectively.

### CORRESPONDENCE.

#### SOCIETY FOR THE PREVENTION OF BLINDNESS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—As no one has come forward to relieve me of my duties as the Hon. Secretary and Treasurer of the Society for the Prevention of Blindness, I have appointed an Assistant Secretary, Miss Colson, 48, Twisden Road, Highgate Road, N.W., who will undertake the active work.

For the future, therefore, all communications should be

addressed to her. Donations and subscriptions may be sent to her, or to the National Bank, Oxford Street Branch.

Yours faithfully,

48, Wimpole Street, W.  
July 14th, 1888.

M. ROTH.

## NOTICES TO CORRESPONDENTS.

\*• We cannot undertake to return rejected manuscripts.

DR. C. HAYWARD.—It is, we fear, impossible to prevent the use of the word "Homœopathic" by tradesmen to aid them in selling what are called "proprietary articles." It has been so used by druggists and grocers for the last half century. Not only is cocoa described as homœopathic, but we have seen soaps and tooth brushes so called in order to promote their sale. That there are no such things as homœopathic "worm" or "teething" powders we all know, inasmuch as to be homœopathic a medicine must produce symptoms similar to those present in the individual case. But if preparations will "go off" more readily with the prefix "homœopathic" attached to them than without it, the mere fact of its being incorrect will not in many instances prevent its being so used.

Letters, &c., have been received from Dr. DUDGEON, Dr. J. G. BLACKLEY, Dr. E. BLAKE, Mr. H. HARRIS (London), Dr. HAYWARD (Liverpool), Dr. PROCTER (Birkenhead), Dr. CLIFTON (Northampton), Dr. MURRAY MOORE (Auckland), Dr. WILDES (Kingston, Jamaica), Dr. C. BARTLETT (Philadelphia), &c., &c.

## BOOKS RECEIVED.

*Therapeutics ought to become a Science.* By W. Sharp, M.D., F.R.S. London: G. Bell & Sons, Covent Garden. 1888.—*The Common Ailments of Women, and their Curability by Simple Measures.* By Edward T. Blake, M.D. 2nd Edition. London: Gould and Son, 59, Moorgate Street, E.C.—*Deafness: Its Causes, Prevention of, Cure and the Care of the Ears.* By J. W. Hayward, M.D., and C. Hayward, M.D. London: Gould & Son.—*Homœopathic League Tracts, No. 19, Gains of Medical Liberty in Fifty Years. No. 20, The Times on Homœopathy.* London: J. Bale & Sons, Great Titchfield Street.—*The Second Annual Report of the Homœopathic League.*—*Homœopathy: What it is and what it is not.* By Thomas Wildes, M.D. Kingston, Jamaica: De Cordova & Co., 148, Harbour Street.—*The Homœopathic World.* London. July.—*The Hospital Gazette.* London. July.—*The Chemist and Druggist.* London. July.—*The Monthly Magazine of Pharmacy.* London. July.—*The New York Medical Times.* London. July.—*The American Homœopathist.* New York. July.—*The Medical Record.* New York. June and July.—*The Clinique.* June. Chicago.—*The Hahnemannian Monthly.* Philadelphia. June and July.—*The New England Medical Gazette.* Boston. July.—*The Medical Era.* Chicago. June and July.—*The Medical Advance.* Chicago. May and June.—*The Californian Homœopath.* San Francisco. June.—*Bibliothèque Homœopathique.* Paris. July. *Bulletin de la Soc. Med. Hom. de France.* July.—*Recue Homœopathique Belge.* Brussels.—April and May.—*Allgemeine Hom. Zeitung.* Leipsic. July.—*Leipziger Populäre Zeitschrift für Homöopathie.* Leipsic. July.—*El Criterio Medico.* Madrid. May and June.—*Rivista Omiopatica.* Rome. June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PORZ, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE DOSES OF DRUGS AND MEDICINES.\*

BY JOHN W. HAYWARD, M.D.

Physician to the Liverpool Hahnemann Hospital.

IN medical language, when speaking of doses, we of course mean doses of medicines, drugs and poisons. And by doses we mean the quantities that are required to produce effects on the body, whether the body be at the time in a state of disease or a state of health.

It will, however, be well at the outset to define what we understand by the terms " medicines " and " drugs." For the sake of making a distinction then, let us, in the mean time, restrict the term medicine to substances used to cure diseases, or rather to assist nature to recover health, that is, to regain her normal condition ; and let us recognise by the name of drugs substances that, when taken into a healthy body, derange its healthy working and induce a state that is not health, in other words, one that is morbid ; substances, that is, that are less or more poisons ; substances that produce physiological effects on healthy organs. This definitising of our ideas will make any discussion of the subject more likely to be profitable.

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\* Read before a meeting of medical men held at the Hahnemann Hospital, Liverpool, July 19th, 1888.

The above-named two classes—medicines and drugs—will, I think, include all the substances that do act on the body in such a way as to be of interest to the medical profession; that is, all substances which, as physicians, we have to do with.

It may, however, be pertinent to ask if we are all agreed that there are such substances as medicines in the way we have now defined the term; that is, substances that really cure diseases?

For my own part, I think there are; for instance, *nitrite of amyl*, *nitrite of sodium*, and *nitro-glycerine* are really curative in some cases of angina pectoris; they are therefore, in this disease, medicines in the sense to which we have restricted the term—they are “medicines” properly so called, for they *cure* the disease, at least the present attack of it. So, in like manner, *quinine* is a medicine in some cases of ague and of neuralgia, because it cures them; and so is *mercury* in some cases of syphilis, and *iodide of potassium* in other cases; so is *arsenic* in some cases of skin disease; *colchicum* in some cases of gout; *aconite* in some cases of rheumatism; *copaiba* in some cases of gonorrhœa; *potassium permanganate* in some cases of amenorrhœa; *digitalis* and *strophanthus* in some cases of palpitation and cardiac dropsy; *hyosciamia* in some cases of mania; *opium* in some cases of delirium tremens, and *digitalis* in others; *bismuth* in some cases of gastralgia; *bromide of potassium* in some cases of epilepsy; *jaborandi* and *muscarin* in some cases of excessive sweating, as in phthisis; *nitrite of amyl* in some cases of flushings, and *aconite* in others; *terebinth* in some cases of hæmaturia, and *cantharides* in others; *belladonna* in some cases of strangury and *cantharides* in others; *corrosive sublimate* in some cases of dysentery; *ipécacuanha* wine in some cases of vomiting, and *liquor arsenicalis* in others; *belladonna* in some cases of scarlatina, in some sore throats and some headaches; *aconite* in some kinds of fever; *sulphuret of calcium* in some cases of suppuration; and so on with many other substances in many other morbid conditions. This list seems a long one, but it does not nearly exhaust the instances furnished by Drs. Brunton, Ringer and Phillips, to say nothing of Bartholow, Wood, and other recent writers on *Materia Medica*.

Such, then, being the definition of medicines, viz.: substances used for the cure of morbid states, it would appear that the term medicine excludes all substances used for other purposes, or that act otherwise than to cure disease. The term will, of course, exclude all poisons; indeed, all substances that act injuriously on the body or any part of it. Now, we have already agreed to call all such substances drugs; at least, if we have not, let us do so now; that is, let us recognise under the term drugs (to distinguish them from medicines properly so-called) all substances which, when taken into a healthy body, derange its healthy working and induce a state that is not health, in other words, a state that is less or more one of disease; just like a speck of dust or grain of sand in a watch—making it work too slowly, or too fast, or irregularly. This morbid state may be only transitory and very slight, but so far as it is a deviation from normal—as far as it is *abnormal*—so far it is morbid or disease. It may be only a slight headache, or shivering, or feverishness, or nausea, or vomiting, or diarrhœa, or colic, or strangury, still, so far as it is abnormal so far it is disease.

Now, that there are substances that will operate on healthy bodies and produce morbid states, we must, I think, all admit; for instance, *alcohol, morphia, atropine, aconitine, strychnine, arsenic, lead, colchicum, digitalis, opium, cantharides, iodine, phosphorus, mercury, tartar emetic*, and many others with which we are all familiar; any of these will derange the healthy action of the body and produce a morbid state.

Of course, if a part or organ is already quite normal or healthy, a drug administered cannot make it more normal or healthy. So, if it does anything at all—if it alters at all the condition of a healthy part—it must alter it from health towards disease; that is, it must produce a morbid state of that part or organ. As already said, this morbid state may be only transient and only slight, but so far as it goes it is morbid—it is disease. If a person in health takes a quantity of *alcohol*, for instance, his mind becomes deranged, he becomes delirious and talks nonsense, his muscles are made morbid, and he staggers and falls; or if a person



takes a quantity of *belladonna*, or *hyoscyamus* he becomes delirious, perhaps maniacal; if he takes a quantity of *mercury* his mouth becomes sore, his gums swollen and tender, his breath offensive, and saliva runs out of his mouth; if he takes *ipêcacuanha* or *tartar-emetica* his stomach becomes upset and he vomits, he loses his appetite, and feels limp all over; if he takes *jalap*, *aloes*, or *castor oil*, his bowels become upset, and he gets diarrhœa and colic; and so on with other drugs.

Drugs, then, are substances that act on healthy bodies, or healthy parts, to derange them; whilst medicines are substances that act on diseased bodies or parts to cause them to return to a state of health. The same substance may, however, be a drug at one time and a medicine at another; that is, it will be a drug or a medicine according to whether it is given to persons in health or to persons suffering under disease; or whether it acts on parts that are healthy, or on parts that are in a state of disease. For instance, *nitrite of amyl* is a drug when given to persons in health, because it then produces flushings and congestion of the head and face, as Dr. Brunton has shown; but it is a medicine when given to a person already suffering under flushings and congestion of head and face, for it then rapidly causes these symptoms to subside, as Drs. Brunton, Ringer, Murrell and others have shown; *nitro-glycerine* is a drug when given to persons in health, for it then immediately produces a severe throbbing headache, as was demonstrated (amongst others) by Mr. Field, then of Brighton, but it is a medicine when given to a person already suffering with throbbing headache, for it then rapidly cures the headache, as Drs. Hammond, Brunton, and Ringer and others have shown. So *strophanthus* is a drug when given to healthy persons, because it then brings on palpitation of the heart—as Dr. Fraser has shown—but when given to a person with palpitation it will sometimes immediately calm the action of the heart, as the same experimenter has abundantly proved, and he is in this supported by Dr. Brunton and others; so with *jaborandi*, which Dr. Ringer has proved both produces and cures excessive sweating; so with *atropine* and *hyoscyamine*, which will both produce and cure mania; and, according to Hippocrates, so will *hellebore*; so with *ipêcacuanha* and vomiting; *mercury* and salivation; *corrosive sublimate*

and dysentery; *arsenic* and gastritis; *cantharides* and strangury; *terebinth* and hæmaturia; *bromide of potassium* and acne; and so with *castor oil*, *rhubarb*, *jalap*, *podophyllum*, and other purgatives and diarrhoea; and so with many other substances—they will either produce or cure according to whether they are given to persons in health or to persons in disease.

So far then as to drugs and medicines.

Now as to *doses*. Well, I need not say to scientific men that it would not be reasonable to suppose that the dose would be the same in both cases—that it should be the same, whether a substance were used as a poison or as a medicine, that is, to produce a morbid state or to cure one; at any rate, if the substance were given to cure a disease very similar to the one it produces—that the dose of *nitro-glycerine*, for instance, should be the same when given with the object of producing its throbbing headache, as a physiological experiment, and when given with the object of curing a throbbing headache when occurring in a patient; moreover, Drs. Ringer and Brunton have demonstrated that it must be considerably less. So with *strophanthus*. Dr. Fraser has shown conclusively that the proper dose to cure irregular action of the heart is much less than that required to produce it, and in this he is supported by Dr. Brunton. Knowing the action of *strophanthus* on the heart, who, indeed, would venture to give the same doses? So with *jaborandi* and *muscarin* and excessive sweating, Drs. Ringer and Murrell have shown that the dose to cure must be considerably less than the one required to produce it. So with *ipêcacuanha* and *tartar emetic* and vomiting; *mercury* and salivation; *corrosive sublimate* and dysentery; *cantharides* and strangury; *bromide of potassium* and acne; and so with *castor oil*, *rhubarb* and other purgatives and diarrhoea, the dose must be considerably less than that required to produce these morbid states; indeed, who would venture to give physiological doses in these cases? Who would venture to give the usual  $\mathfrak{m}$  viii doses of *liq. arsenicalis* in a case of gastritis, or the usual gr. xx. dose of *ipêcacuanha* in the case of vomiting, the usual gr. iij. dose of *aloes* in dysentery, or the usual  $\mathfrak{m}$  x. dose of *tincture of cantharides* in strangury?

Reason alone would prohibit such practice, and suggest that the dose for cure must be considerably less than the dose that will produce the symptoms. Whether or not it be accepted that a drug that will produce a certain morbid state will cure a similar state when occurring in a patient, reason and common sense would demand that if it were so the dose given to the person suffering with the morbid state similar to the effects of the drug must certainly be at least smaller than that required to produce the morbid state. How much smaller, however, must be entirely a matter of experience, just as are the doses required to produce the morbid states, or so-called physiological effects.

I show here, of a few drugs, the doses—as given in the British Pharmacopœia—that are required to produce certain effects, certain morbid states, the effects for the production of which these drugs are usually given.

EMETICS.			CATHARTICS.		
<i>Ipecacuanha</i>	...	gr. xx.	<i>Ol. Ricini</i>	...	3 j.
<i>Antimon. Tartar</i>	...	gr. 1½	<i>Ol. Crotonis</i>	...	gut. i.
<i>Ammon. Sesquic.</i>	...	gr. xxx.	<i>Magnesia Sulph.</i>	...	3 ½
<i>Cupri Sulph.</i>	...	gr. x.	<i>Sennæ Tincturæ</i>	...	3 ½
<i>Zinci Sulph.</i>	...	gr. xv.	<i>Aloe Pulvis</i>	...	gr. iij.
<i>Sinapis</i>	...	3 ½	<i>Jalapi Pulvis.</i>	...	gr. xv.
			<i>Rhei Pulvis</i>	...	gr. xv.
			<i>Hydrarg. Subchl.</i>	...	gr. v.
SUDORIFICS.			SIALAGOGUES.		
<i>Liq. Amm. Acet.</i>	...	3 ½	<i>Hydrarg. Subchlor.</i>	...	gr. ij.
<i>Pulv. Ipecac. Comp.</i>	...	gr. viii.	<i>Jaborandi Tinct.</i>	...	3 ½
<i>Antimon. Tartar</i>	...	gr. 1½	<i>Pilocarpine</i>	...	gr. 1½
<i>Jaborandi Tincturæ</i>	...	3 ij.	<i>Muscarin</i>	...	gr. ½
<i>Muscarin</i>	...	gr. ½	<i>Pyrethri Tinct.</i>	...	3 ½
<i>Pilocarpine</i>	...	gr. 1½	<i>Armoratiæ Tinct.</i>	...	3 ½

#### NARCOTICS.

*Morphiæ*, gr. ¼. *Opium*, gr. i. ½. *Potasii Bromidum*, gr. xv.  
*Cannabis Indica Tinct.*, gut. xx.

Such, then, are the doses required to produce the several effects for which these drugs are ordinarily used. Is this not so? But how have they been discovered? How has it become known that these quantities and not less must be used of these particular drugs to produce

these effects? Simply by experience; simply by trying. No one could guess or tell beforehand that to produce vomiting with powdered *ipecacuanha* would require gr. xx., or that gr.  $1\frac{1}{2}$  of *ant. tart.* would have a similar effect; or that to act on the bowels with *jalap* would require gr. xv., whilst gr. iij. of *aloes* would do so. Nor could the dose be predicated by looking at or thinking about these drugs; they must be submitted to experiment.

Now it will be seen that none of these doses are what are called infinitesimal. And why are they not? Simply because experience has taught that infinitesimal doses will not do for the purpose; will not bring about the effects desired. A few drops of *alcohol*, for instance, will not produce intoxication; a few drops of *ipecacuanha* wine or *antimonial* wine will not produce vomiting; a few drops of *castor oil* will not produce purging; nor will a grain of *bromide of potassium*, or  $\frac{1}{100}$ th of a grain of *opium* or *morphia* produce sleep or benumb pain. No, drachms, scruples and grains, or parts of grains, are required for these purposes. The purpose is to produce an abnormal—a morbid state, and therefore the dose must be large; but how large, whether grains, scruples, or drachms, can only be known by trial, that is by experience; it cannot be guessed; and, widely different and strange and unaccountable as they may seem, no sensible man would think of calling them ridiculous. Nor, on the ground that of *ipecacuanha* gr. xx. are required to produce vomiting would he say it is ridiculous to expect gr.  $1\frac{1}{2}$  of *tart. em.* to produce a similar effect; nor that because gr. viii. of *Dover's powder* are required to produce diaphoresis, therefore it is ridiculous to suppose that gr.  $\frac{1}{20}$  of *pilocarpine* would produce a similar effect; nor because it requires 3j. of *castor oil* to produce free action of the bowels that therefore it is ridiculous to suppose that gutt. j. of *croton oil* can have any such effect. No, he would submit to the verdict of experience; and, finding by experience that the facts are so, no amount of ridicule or persecution would prevent him from believing this evidence of his senses.

Now, it is the same with doses that are required in the cure of disease. These cannot be guessed any more than can the doses that are required for producing disease; nor can the dose that will cure disease be predicated from the dose required to produce disease.

No one could predict, for instance, the dose of *nitro-glycerine* that would cure a throbbing headache, without making it worse; or the dose of *strophanthus* that would cure irregular action of the heart, without first aggravating it; or the dose of *hyoscyamine* that would cure mania, without first making the patient worse; or the dose of *ippecacuanha* that would in the same way check vomiting; or of *jalap* that would check diarrhœa; or of *cantharides* that would cure strangury; or of *terebinth* that would cure hæmaturia, and so on. In treating, then, inflammatory fever with *aconite*; headache or sore throat with *belladonna*; pleurisy with *bryonia*; pneumonia, or yellow atrophy of the liver, with *phosphorus*; diarrhœa with *podophyllum*, and so on, why are only the  $\frac{1}{100}$ th or  $\frac{1}{1000}$ th part of a drop of the tincture given for a dose? Simply because it has been found by experience that such doses are not only quite enough, but that they are much better than large doses—that they are really much better. Physicians who thus practise have no innate prejudice in favour of infinitesimal doses, nor do they prescribe them because the medicines are expensive, nor, as some say, because there is mystery about such practice. No; it is simply because experience has forced them to do so. These men were brought up to and taught doses just as other practitioners, and they are quite as ready to use drachms, scruples and grains when necessary, and, indeed, they always do use such doses when prescribing drugs for the purposes for which they were taught to use them when at college, viz., to produce their physiological effects. If they wish to produce purging with *castor oil* they give ounce doses, or if to produce it with *jalap* or *rhubarb*, they give the usual gr. xv. or gr. xx. doses; if they want to produce vomiting with *ippecacuanha* or *tart. emet.*, they give the usual gr. xx. or gr.  $1\frac{1}{2}$  doses; so, if they want to salivate they give the usual gr. ij. to gr. v. doses of *calomel*, and so on.

But the fact is they very seldom do wish or require to produce these effects; and they therefore very seldom give these doses. What they attempt to do is to cure disease, not to produce physiological effects of drugs, and therefore they give small doses. How small is simply a result of experience. When they wish to cure diarrhœa with *castor oil* they give it in a few drops for a

dose ; when to cure it with *jalap*, or *rhubarb*, or *senna*, or *cascara sagrada* they give doses of perhaps the  $\frac{1}{100}$ th part of a drop of the tincture ; and when they wish to cure vomiting with *ipêcacuanha* or *tart. emet.*, or gastritis with *arsenic*, they give similar small doses. These doses have been arrived at only by degrees ; in the same way that Dr. Fraser arrived at the curative dose of *strophanthus*, viz., by trying smaller and smaller. Admitting the truth of the theory that morbid states are best treated by drugs that will produce similar morbid states, say vomiting by a drug that will produce vomiting, a small dose (say a grain) was exhibited ; but finding this to make matters worse, smaller doses (say the  $\frac{1}{10}$ th of a grain) were tried in the next similar case ; and then a smaller, and a smaller still ; and so on until the dose was found that would cure without first aggravating.

So, the infinitesimal dose was arrived at by *experience*, just as was the physiological dose. Both doses, therefore, that is, the dose to produce morbid symptoms and the dose to cure them, were arrived at in the same way, viz., by experience. But though arrived at by experience, they both have philosophy on their side, as the following considerations will tend to show :—

It is, I think we will all admit, one of the natural tendencies of the body to keep itself in the same state of health as that in which it was started at birth ; that is, it is continually endeavouring to keep itself and all its parts fairly healthy. And so, when an attempt is made to turn any part out of health—the stomach by an emetic or the bowels by a purgative—nature resists the attempt, and her resistance has to be overcome—to be overpowered. Now, experience has shown that she is not to be overcome by drugs except with large doses ; that healthy organs are not to be made morbid by infinitesimal doses ; that the stomach, for instance, is not to be made to invert its action and produce vomiting by an infinitesimal dose of *ipêcacuanha*, or the bowels to be upset by an infinitesimal dose of *castor oil*, and so on ; in fact, that doses for these purposes must be grains, scruples, drachms, perhaps ounces.

It is, however, otherwise when the attempt is to turn morbid action into healthy—to sail with the stream, so to say, instead of against it. Here instead of nature

opposing she assists, and therefore small doses are all that are needed. But the body is not only always trying to keep itself well, it is also always trying to restore the normal health when it has been deranged, and it succeeds admirably, many a time and oft, to a wonderful extent.

Without help, for instance, nature heals up clean cuts, scratches and broken bones, removes the damage done by bruises, sprains and over-exertions, and the headache produced by mental worry and overwork, the bilious attack brought on by feasting, and even the evil wrought by over-drugging. Hence we "recover," so to say, from slight ailments without medical help; slight ailments "wear themselves out" it is said, that is nature restores the normal health by her own unaided efforts, when it has not been disturbed too far; and even when great damage has been done she tries to recover herself and makes great efforts at first, and at this time she needs but little assistance to enable her to succeed in curable cases; an infinitesimal dose of the appropriate medicine may be quite enough, and indeed is found to be enough.

Now from these considerations it is evident that both doses have philosophy on their side, just as they have both resulted from experience. Both doses are therefore right; drachms, scruples and grains are right, and also necessary when the object is to produce "physiological effects" on healthy parts; and infinitesimal doses are right and necessary when the object is to rectify the morbid state of an organ by exhibiting a drug whose action on the healthy body is to produce a very similar morbid state to the one to be cured.

So, therefore, I see no reason why members of the medical profession should quarrel with each other on the matter of dose; rather would I appeal to our colleagues who have hitherto used drugs mainly for their physiological action, to try them also for their therapeutic action. Surely they may feel themselves justified in so doing under the sanction of such men as Drs. Brunton, Ringer, Phillips, Fraser, Murrell, &c., not to name others who have so used them exclusively for many years!



## THE PATHOLOGICAL INDICATIONS FOR MEDICINES IN SUB-INVOLUTION OF THE UTERUS.\*

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BEFORE entering upon the subject of the remedies pathologically indicated in the condition forming the subject of this paper, it will be proper for me to define what is meant by sub-involution and the conditions under which it appears. While there are certain general pathological conditions usually present in all cases of sub-involution, namely venous stasis, enlargement, uterine catarrh, and muscular paresis, I think there are three causes of this condition, and as the treatment of the disease is modified by the nature of the cause the sub-division of the etiology is important.

I would classify the causes as follows:—

1st. Menstrual, or those cases caused by or connected with abnormal menstruation.

2nd. Abortirant, or those caused by miscarriages occurring at any period of pregnancy.

3rd. Post Partum, those which occur after labour.

Menstrual sub-involution may occur at any period of a woman's life. It may appear with the onset of puberty and occur during the menstruation. When a girl's first menses appear too profusely and occur too frequently, she is surely suffering from a degree of uterine sub-involution. She might have caught a cold just before the appearance of the first menstrual effort. Congestion of the uterus and uterine catarrh set in, and the first stage of sub-involution obtains. Now, unless that girl is subjected to prompt and efficient treatment she will suffer from this ailment all her life. She will be subject to miscarriages, to painful labour, and after each one there will be a new accession to the malady. I have found the uterus of girls of 16 large and heavy, with an increased depth of cavity of one-fourth to one-half inch, and with an unmistakeable catarrh of the mucous lining of the cavity and cervical canal.

The pathological condition in menstrual sub-involution has its basis in an exaggerated physiological congestion.

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An intense example of this is membranous dysmenorrhœa. This menstrual congestion does not completely subside after the flow ceases, and there is left a venous stasis in a womb heavier and deeper than normal. If this morbid process is not arrested, the end is generally areolar hyperplasia.

The medicines which are pathologically indicated in this variety must include those which by their pathogenic action are capable of causing a similar pathological condition in the genital organs. In other words they must cause when given to the healthy woman—(1) Exaggerated menstrual congestion. (2) Profuse and too frequent menses. (3) Ovarian irritation. (4) Passive venous stasis. (5) Uterine catarrh. And (6) Enlargement of the uterus.

The principal drugs capable of causing these conditions are *sabina*, *turpentine*, *sepia*, *cyclamen*, *pulsatilla*, *millefolium*, *tanacetum*, *kali permanganum*, *oxalic acid*, *senecio*, *trillium*, *platina*, *aurum*, *ustilago*, and a few others.

The provings of all these drugs show that their primary effect on the uterus must be an active congestion, so much so that the blood vessels of the endometrium are flushed and pour forth a larger amount of blood than should normally be discharged at the menstrual period. This condition implies a certain amount of enlargement or swelling of the parenchyma of the uterus. How this occurs is not at present a question easy to answer.

Their secondary effect is just what we might expect. After the abnormal menses the involution of the uterus is defective. The blood-vessels do not regain their normal tone during the inter-menstrual period. The next menstrual period aggravates the condition, the tissues of the uterus become relaxed, and we get what is now considered the chief cause of uterine flexions and the so-called chronic metritis—venous stasis.

In some cases of dysmenorrhœa—notably the membranous—there is an increase of temperature. The uterus becomes inflamed, just as we find it after abortions. Such cases find a *similimum* in *sabina*, *turpentine*, *tanacetum*, *belladonna* and *veratrum viride*.

*Sabina* heads the list of remedies for sub-involution after the menses. It is the typical remedy, and if

properly used will cure a majority of cases. *Sepia* is to chronic cases what *sabina* is to acute. *Lilium*, if its pathogenesis was verified, would stand somewhere between the two; but notwithstanding the prominence of the genital symptoms of *lilium* it has been a disappointment.

*Senecio* has rarely disappointed me; it has done better in my hands than *pulsatilla*. There are cases which call for the use of other remedies than those mentioned above. *Hydrastis* has been very successful in some cases where pain was notably absent, but the flow great and involution imperfect. In rare cases *china* (or *arsenite of quinine*) has acted well. *Arsenite of gold* has been very useful in my hands.

The remedy selected should be given frequently just before and during the menses, and more rarely, but continuously, through the inter-menstrual period.

The variety of uterine sub-involution which obtains after abortions is more usually inflammatory, especially if there is retained placenta or portions of the membranes. I have known a few cases where the foetus, placenta, and membranes were expelled entire without the loss of more than a drachm of blood. In these cases I observed that the involution was perfect, as perfect as after a normal labour; but such cases are very rare. The majority of cases of abortion are followed by intense congestion or acute inflammation, and a perfect involution is the exception. With the sub-involution we usually find a hypertrophy of connective tissue, which, if there are many miscarriages, is soon followed by areolar hyperplasia. To the above conditions we can charge the sterility, which is the result so often of even one repeated miscarriage. The perfect homœopathic remedy for sub-involution after miscarriage should possess the power of causing abortion. This power would carry with it the resultant inflammation, congestion, and arrest of involution, followed by hypertrophy.

The chief of these drugs are *sabina*, *ustilago*, *caulophyllum*, *cimicifuga*, *ruta*, *millefolium*, *kali permanganum*, *aloes*, *asarum*, *gossypium*, *quinine*, *hydrastis*, *laurocerasus*, *sassafras*, *terebinth*, *hedeoma*, *tanacetum*, and a few others.

I do not mean to imply that all or any of the above drugs will usually cause miscarriage. On the contrary,

their administration in toxic and dangerous doses causes abortion. It is only from the rare cases that occur that we get the history of abortion and its dangerous consequences. Neither do all of the above cause metritis; only *sabina*, *ruta*, *kali permanganum*, *terebinth*, and *hedeoma* have been known to have this result follow their use. It is not possible, in the present state of our *Materia Medica*, to give the pathological indications for each of the above medicines. We have experimental *data* of a pathological character to guide us. We know to a certainty that they must all cause the usual pathological changes in the uterus and appendages which are seen after abortions. It is presumable that no two of these cause the same pathological state, but we do not know enough about them to be able to differentiate. The selection of the remedy must after all be done by comparing its known symptoms with the case in hand.

For example: The abortion caused by *gossypium* or *caulophyllum* must differ widely from one caused by *turpentine* or *sabina*, and this difference is told us by the characteristic symptoms in a most unmistakeable language. I will only add one observation as to the dose. The more nearly the symptoms approach the acute or inflammatory condition, the smaller the dose should be; and larger as the condition becomes chronic.

Sub-involution of the uterus after labour is the variety usually referred to in our text books, but it is perhaps not more common than those varieties which occur after miscarriages. Lawson Tait asserts that the neglect of an abortion or miscarriage is generally more serious than labour in its influence on the imperfect involution of the uterus.

The precept of involution of the uterus is not completed even by a perfectly healthy woman in less than thirty-five days, and a great many accidents tend to delay it. All inflammatory attacks in the pelvis after labour, mental shocks, the suppression of milk, retention of pieces of the placenta, the getting up too soon after labour, too long lactation, and in some women a constitutional tendency to laxity of the uterine tissues, all tend to prevent normal involution.

A woman should, as a rule, not commence to menstruate, if she nurses the child, until seven or eight months after confinement, nor for two or three months

if she does not nurse her child. If, therefore, a patient inform us that she has been regular ever since her confinement, or that she has had a continuous coloured discharge, with occasional floodings, we may at once conclude that she is suffering from sub-involution. In such case an examination should at once be made with the finger, speculum, and sound. The cervix will be found large and thick, the os insufficiently closed, but not patent enough to admit the finger. There will also be a copious muco-purulent discharge existing between the menstrual periods, and these are likely to be too frequent, too prolonged, and too profuse. The sound will show that the depth of the uterus will be found to be half an inch or an inch in excess of the normal. We must not forget that not only the uterus, but the fallopian tubes, broad ligaments, and ovaries will all sympathise with the uterine sub-involution.

The pathological condition of the uterus when sub-involution exists is—(1) Congestion of the parenchyma, (2) Hypergenesis of connective tissues. The congestion is due to an atonic condition of the uterine blood-vessels; the hypertrophy to an excess of nutrition from an abnormal blood supply. The ultimate result is areolar hyperplasia. I have thus briefly outlined the pathological condition existing in sub-involution in order that I may be better understood when giving the pathological indications for the remedies.

According to our law of cure, the kind of sub-involution that occurs after labour should call for medicines which, when given to a healthy woman just before her accouchment is due, should be capable of causing premature violent labour.

This premature labour would be unnatural and therefore pathological. No drug with which we are acquainted can cause a perfectly normal labour when given before the woman should be normally confined. Any drug which can bring about premature labour forcibly will be capable of causing, as a consequence, sub-involution of the uterus and its attendant conditions.

Only a few drugs are capable of such effect. In some instances *secale cornutum*, *ustilago maidis*, *phoradendron*, *caulophyllum*, *cimicifuga*, *gossypium*, and possibly *sabina* may be capable of it.

Among other remedies indicated in sub-involution may

be mentioned *nux vomica*, *cinnamon*, *china* (quinine), *thuja*, *hydrastis*, *digitalis*, *convallaria*, *sepia* and *arnica*.

*Secale* (*ergot*) is undoubtedly the chief remedy. Its action on the uterus is well known. It causes a continuous contraction of the muscular fibres of the parenchyma of that organ, and also of the muscular coats of its blood-vessels. If a large dose is given soon after labour, the uterus contracts firmly, and the contraction is painful. If clots are present in the uterus they are expelled as a rule; but this rule is subject to exceptions. The most recent axiom of obstetricians is "never to give *ergot* when there is anything in the uterus," i.e., wholly within its cavity. Why? Because the contraction includes the cervix as well as the body, and any foreign body is more likely to be retained than expelled. But if a clot, placenta, or foetus is partly in and partly out—extruding—then *ergot* will expel it. This is an important fact to bear in mind. Some interesting experiments have lately been made by Drs. Fowler and Herman, of London, relating to the influence of *ergot* in involution of the uterus after labour. Sixty-eight patients were given a single dose of *ergot* after labour (30 gtts. fl., ext.); 58 were given 15 gtts. three times a day for 14 days after labour. They found that in the cases treated by the continued administration of *ergot* the uterus diminished in size more rapidly than in those in which one dose only was given. No perceptible diminution in the amount of lochia was observed. Dr. Bexall reported 100 patients treated by *ergot*. He reports that the routine use of *ergot* (15 drops three times a day for three days) exerted no appreciable effect on the date at which the lochia ceased, but that it tended to prevent the formation of clots, hastened their expulsion, and diminished the frequency, duration, and intensity of the after pains. Dr. Dahin reported a series of careful experiments, but they did not present as good a showing for *ergot*. Out of 103 cases where only one dose of *ergot* was given directly after labour, 64 had after pains, and 14 passed clots. When *ergot* was given for three days 51 cases out of 90 had after-pains, and 22 passed clots. So that these cases had fewer after-pains, but passed more clots. The first series of cases passed clots up to the tenth day, the second series passed no clots after the sixth day.

It seems by this that the continuous use of *ergot* by keeping up a chronic state of contraction, instead of allowing normal alternate contraction and relaxation, would tend to favour retention of clots, and prevent the normal process of involution.

In discussing this report, Dr. Herman said that Dr. Fowler's better results were due to the fact that he kept up the use of *ergot* for fourteen days instead of three. There may be some benefit from the continuous use of *ergot* for the longer period. But I believe we should select our cases. In primiparæ the use of *ergot* for three days would do better than in multiparæ, for after first labours there are no after pains, and the uterus contracts normally continuously, while in multiparæ the contractions are intermittent. In the latter the use of some other remedy, *caulophyllum* or *phoradendron*, would be more scientific. This has been my experience, and I am surprised that no mention is made of this fact by the above experimenters. Healthy primiparæ rarely suffer from sub-involution; they only get it when they have had some uterine disorder for years before their confinement. In post-menstrual sub-involution I consider *ergot* very valuable, but it must be indicated by its physiological action. The cases which call for *ergot* are those in which the menses are too frequent and too profuse, or regular, but lasting too long. The menorrhagia is kept up by a paresis of the muscular structures of the uterus, but the uterus is not, as a whole, engorged, on the contrary, it is pale and flabby, soft and enlarged. In these cases the *ergot* should be commenced on the fifth day of the flow, and used for a week in doses of 5 to 10 gtt. of the fluid extract or "normal liquid." In these cases we require a continuous contraction. If the whole uterus is congested, I prefer *sabina* or *hamamelis* if it is venous, and *cinnamon* or *hydrastis* if it is arterial. If the menses are scanty and pale, *conium*, *sepia* or *graphites* are better indicated.

*Ustilago maidis*, "corn smut," while possessing general properties similar to "rye smut," or *secale*, differs in one important respect. Its action on the spinal cord, vascular system, and skin is essentially the same as *secale*; but its action on the uterus is not. *Ustilago* causes regular intermittent contractions of the uterus, instead of the continuous contraction characteristic of



*ergot*. A large amount of testimony in support of this assertion has been reported from all schools of practice. Were it not for this we might well doubt if there was such a difference in the two *ergots*. *Ustilago* then will be indicated just when *secale* is not; namely, in *multiparæ* where we do not desire to cause tonic contraction of the uterus after labour, and where we wish to indicate nature's processes closely. Those who have used it in obstetric practice prefer it to *ergot*, for it does not cause hour-glass contraction or endanger the life of the child when given just before the completion of labour. Nor does it leave the uterus in a relaxed condition with a tendency to hæmorrhage. In most cases of sub-involution, especially in *multiparæ*, or women with very profuse and frequent menstruation, it is superior to *ergot*. It resembles *caulophyllum* in the one characteristic of regular intermitting uterine contractions. I usually give a full dose, half a drachm of a good fluid extract, just as the head is escaping from the vulva. It acts in 30 or 35 minutes very uniformly, and expels the placenta in due time. When I desire to prevent sub-involution, 15 drops are prescribed four times a day for a week or ten days after confinement. I have never carefully noted the effect of this treatment on the duration of the lochia, but I have observed that it was less in quantity and freer from clots, than in cases where no medicine had been given. Some physicians have reported that *ustilago* failed as an oxytoxic in their hands. This was probably owing to the preparation used. A simple alcoholic tincture does not represent the whole power of the drug. A fluid extract is better. If the fungus is collected just as the spores are ripe, and used in a dry state, the results will be good. If the ripe spores are triturated with sugar of milk, the first decimal trituration will be active, but it must be kept dry, and closely corked. Of this preparation 20 to 40 grains at a dose is sufficient in cases of sub-involution or menorrhagia.

*Phoradendron* is the name given by botanists to the American mistletoe. It is nearly identical with the *viscum album*, or English mistletoe. The latter has long been used in England and on the Continent by midwives and veterinary surgeons in retention of the placenta and uterine hæmorrhage. It has recently been taken up by regular physicians, especially in Germany, and

used as an accelerator of labour in uterine hæmorrhage and menorrhagia. In the Southern States the mistletoe has a medical history of similar uses. Dr. Long, of Louisville, Ky., was the first to bring it into regular practice. A notice of its uses in labour will be found in the last edition of my *New Remedies*. Since that time there has appeared in all schools some considerable clinical experience which goes to show that it acts in a manner similar to *ustilago* and *gossypium*. All observers agree that when given in labour for deficient or absent pains it causes intermitting uterine contractions, simulating the normal. That in retention of the placenta it aids in expelling it. That in undue hæmorrhage or profuse lochia it restrains it. I do not know of any record of its use in preventing sub-involution. My own unpublished experience is limited to two cases. One was a case of miscarriage at the fourth month, in a multipara. Her uterus was very large and flabby. After removing the contents there continued to be considerable hæmorrhage of a passive nature. The cavity of the uterus measured four-and-a-half inches five days after, under the use of *phoradendron* in ten drop doses every four hours for two weeks, the uterus measured three inches and all discharge had ceased. The other case was a woman after her sixth confinement. A week after confinement the uterus was readily felt, reaching halfway to the umbilicus. It felt heavy and was very open with a profuse bloody mucous discharge. *Sabina* and *ergot* had seemed inefficient. After two weeks' use of the *mistletoe*, 15 drops every four hours, the uterus was reduced to nearly its normal size and all discharge had ceased. I believe this remedy is worthy a more extended and careful trial.

*Hydrastis canadensis*, an indigenous medicine, has been long known in this country as a tonic, and an alterative to mucous membranes. It was shown by Rutherford to have some action on the liver, and was classed by eclectics as a "uterine tonic," but no tangible proof was shown that it had any specific action on the uterus until the German Professor Schatz demonstrated that it had the power of contracting the blood-vessels of that organ. He found that in animals it also caused contraction of the uterine muscle, and supposed that it acted similarly on the uterus of women; but later investigations by Schatz

and others have shown that it does not contract the human uterus. This narrows down the sphere of action of *hydrastis*. In this it differs from all other drugs having an action on the uterus. It is believed to act on the arterioles and arterial capillaries, similarly to *hamamelis* on the veins. The brilliant success of *hydrastis* in the treatment of uterine fibroids and other uterine neoplasms, is due to the power which it possesses of shutting off the nutrition supplied by the arteries. I do not think its action on the arteries of the uterus is local only. It doubtless acts similarly on all the arteries, but especially on those of the mucous membranes, of the liver, mammary glands and intestines. It may possibly act similarly on the blood-vessels of the lungs and brain. Much has yet to be learned concerning the physiological action of this unique remedy. It is known to gynaecologists and obstetricians that a contracted uterus may bleed profusely, and that a uterus may be the seat of violent contractions, and yet fail to gain normal involution. Muscular contraction of the uterus may occur without real contraction of the blood-vessels.

In a large proportion of cases of sub-involution, uterine hæmorrhages, dysmenorrhœa, and even amenorrhœa, the trouble may be caused by a parietic condition of the uterine blood-vessels alone. It is in such cases that *hydrastis* is the specific remedy. A uterus may be congested with blood to such an extent as to cause either of the above-named conditions. It is not an active congestion, but a blood-stasis, in which the coats of the arteries are relaxed and parietic.

I believe this condition to be secondary, because in the experiments with *hydrastis*, made by European observers, it has been observed that the primary effects of large toxic doses was active congestion followed later by arterial relaxation. Also that from small doses arterial contraction primarily occurred. In accordance with the law of *similia*, minute doses are only indicated in anæmia of organs and tissues, while material doses are called for by the opposite condition. The distinctive pathological state of the uterus in sub-involution is passive stasis. The arteries are surcharged with blood, which is not sufficiently taken up by the veins. This causes an abnormal growth of connective tissue, and if

not arrested induces areolar hyperplasia. Now, if after menstruation, miscarriage, or labour, the uterus remains large, heavy, and engorged, notwithstanding the presence of muscular contractions with or without pain, then is *hydrastis* fully indicated. Its use should be commenced as soon as we detect the abnormal condition, or sooner, if we know that sub-involution or chronic blood-stasis has previously existed. It has been established by numerous observations based on clinical experience, that the efficient dose is from 20 to 40 drops of a mother tincture or fluid extract, repeated thrice in twenty-four hours, or if the active principles of *hydrastis* are used, a proportional dose.

Schatz and others find that the *phosphate of hydrastin* possesses similar properties. (By *hydrastin* is meant the combined *berberine* and *hydrastia*.) The dose of this preparation is from one to three grains. If the *white alkaloid* is used (*muriate of hydrastia*), the dose is from  $\frac{1}{16}$  to  $\frac{1}{4}$  grain three or four times daily. This latter preparation is now made in a colourless solution, the dose of which is from 10 to 30 drops. It is devoid of any unpleasant bitter taste, and is tolerated by the most irritable stomach. One great superiority possessed by this medicine over all the others I have mentioned is found in its tonic and restorative properties. It aids digestion and assimilation of food, increases the tone of the muscular system, regulates the bowels and the secretions. I believe it is indicated in the majority of cases of uterine sub-involution.

*Caulophyllum* has been extensively used in this country as a *partus-accelerator*. It seems to cause uterine expulsive pains closely simulating labour pains. But there is no recorded testimony that it causes painful contractions. On the contrary, it is a very popular remedy for uterine pains of a crampy or spasmodic nature, and has been successfully used for dysmenorrhœa, painful labours, false pains preceding labour, and after-pains. It would seem that this drug causes in large doses uterine contraction destitute of pain. I have even used it successfully in allaying the uterine pains caused by *ergot*. The testimony in favour of its power of preventing very painful labours is sufficient to make us believe it. This medicine ought to be an excellent remedy, not only to prevent sub-involution, but in its

treatment when existing. I cannot find any report of cases proving this assertion, but in several cases where I have given it before and after confinement, I believe that it has prevented excessive lochia, and shortened the period of involution. These patients already had enlargement of the uterus from sub-involution after previous labours. The enlargement seemed to be less after its use. I would not advise the use of the tincture, for it is nauseous and acrid, even in small doses.

The attenuations are useless in such cases. *Caulophyllin* can be given in triturations. The  $\frac{1}{10}$ th (1x) or 2x is sometimes quite efficient, or it can be prescribed in sugar-coated granules of the fraction of a grain three or four times a day.

*Leontin*, the recently-discovered glucoside of *caulophyllin*, is a very superior and elegant preparation. It was introduced into medicine by the chemists J. U. and G. C. Lloyd, of Cincinnati. It is about eight times as potent as *caulophyllin*, and the 2x or 3x triturations are very effective. *Lloyd's solution of leontin* is about the same strength as the first centesimal trituration. The dose is from 5 to 15 drops three or four times a day. It has been tried by many gynæcologists and obstetricians, and found to equal *ergot* in causing expulsive contractions of the uterus, but causes no pain. (Perfectly normal labour pains are slight when compared with abnormal pains.) It has proved useful in chronic passive hæmorrhages from the uterus, menorrhagia, too frequent and profuse menses, and amenorrhœa.

*Gossypium*. It is a little singular that so much has been asserted of the abortifacient and parturient powers of the cotton root, and yet that so little is really known. No systematic experiments have been made to ascertain if it will cause uterine contractions in the unimpregnated or gravid uterus in animals or women. All that we know of it is purely empirical, except a fragmentary proving by the late Dr. Williamson of our school, and in that proving the uterine symptoms are almost *nil*. It is asserted that it will hasten labour by causing more efficient pain, and arrest uterine hæmorrhage due to laxity of its tissues; that the expulsive efforts are not as painful as those of *ergot*; and that it will arrest excessive lochia. Now, if it will do all this it will be an addition to our means of treating sub-involution of the uterus. All that

I personally know of *gossypium* is that in large doses it rather decreases than increases the menstrual flow, that it is beneficial in after-pains, with normal or abnormal lochia, and that the uterus seems to contract better if it is administered in moderate doses (15 or 20 gtts.) three or four times a day for a few weeks after labour.

I never found it to cause uterine pain, nor do I know of a single authenticated case where it has caused miscarriage or premature labour. We must have more definite knowledge of its power before we can use it with precision.

*Sabina* has from the earliest times in medicine been considered a potent uterine drug. There is no doubt but that it will cause abortion at any date of pregnancy if toxic doses are given, but at the same time it is one of the most injurious drugs known if prescribed in such toxic doses. It is pretty well established that it causes active arterial congestion of the uterus (primarily), and passive venous stasis (secondarily). During its primary effects, very painful uterine contractions occur, often attended by acute inflammation. During its secondary effects the uterine blood-vessels are in a state of atony, and the uterus is enlarged, a pathological condition closely simulating some cases of sub-involution, especially those which are post-menstrual or obtained after abortions. It is therefore better indicated in these than in post-parturient cases. The curative dose lies in the 1x or 2x dilutions. There are several drugs analogous to *sabina* both botanically and pathogenetically. Among these are *thuya*, *terebinth*, *pinus-canadensis* and *abies*. Under certain circumstances each may be indicated in sub-involution. *Turpentine* is far more valuable in such cases than is supposed, and *thuya*, if indicated, is as potent in preventing and treating this condition as any drug in the whole *Materia Medica*.

*Cinnamon* is another drug which is not sufficiently appreciated. It ranks with *hamamelis*. But the former is to arterial hæmorrhage what the latter is to venous, while *hydrastis* stands midway between. These three form a trio which we cannot do without. They do not cause contractions of the uterine muscle—only the coats of the uterine arteries. Perhaps *kali-bromatum*, *erigeron*, *trillium*, and *millefolium* belong to the same class, I think they do.

In conclusion I have a few words to say regarding the doses I have advised. Not in the way of an apology, but in explanation.

Uterine sub-involution is never a primary affection. The primary condition which precedes it is always active congestion. Now none of the medicines above treated can primarily cause sub-involution, but they all cause, in large toxic doses, the active uterine congestion or inflammation, which ends in chronic vascular stasis with hyperplasia of tissues.

The deduction is, that all the drugs recommended above are secondarily indicated in that condition, and the dose must be larger than if they were primarily indicated. Were I considering acute congestion or inflammation of the uterus I would advise minute doses of the same drugs with a sincere belief based on experience that such doses are curative. In prescribing material doses of medicines for symptoms and conditions, which simulate their secondary effects, we expect to set up physiological effects which to a certain degree resemble the primary acute symptoms.

I have often been astonished at the inanity of otherwise intelligent physicians who think to set up physiological effects with infinitesimal doses.

I have known physicians prescribe *secale* 30th for the purpose of causing uterine contractions, in hæmorrhage, or absent labour pains.

As well might we prescribe *ippecac.* 30th to cause emesis. Until such utterly absurd notions are abandoned, nothing but ridicule can be expected from scientific men of all schools. The law of *similia* is a grand therapeutic law, but we must not misunderstand or pervert it.

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## PHIMOSIS AND ITS REFLEX DISORDERS.\*

By HENRY MASON, M.D.

By the term phimosis is understood a morbid condition of the prepuce or foreskin, on account of which it either cannot be retracted at all, or only with difficulty, so as to uncover the glans penis. Two distinct classes of

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\*The substance of this Essay formed my Graduation Thesis at the University of Glasgow.—H. M.



cases are included in this definition, viz.: those in which the opening is so small that it is mechanically impossible for the glans to pass through, and those in which adhesions have formed between the prepuce and the glans, the contraction of the prepuce not being an essential feature. These conditions may be called respectively, the contracted prepuce, and the adherent prepuce. There is no hard and fast line between them, since, where we have the contracted prepuce, there is very generally some irritation of the glans giving rise to adhesions. The reverse, viz., adhesions and irritation without contraction, is more common, and it is to this class of cases more particularly that I wish to call attention, since I believe that they are of very frequent occurrence, and often overlooked as a cause of illness. The difference between the contracted and the adherent prepuce is not only pathological, but it is also clinical; the symptoms in the former, which result directly from mechanical impediment to the flow of urine, being quite distinct from those in the latter which are probably due to reflex irritation. I have not alluded to the elongated prepuce, since it is not likely that this of itself will have any influence in causing morbid symptoms. It is very commonly associated with contracted prepuce, but not necessarily so.

Before proceeding further it will be well to mention a few anatomical considerations which are of importance. The length of the prepuce beyond the glans and its degree of contraction vary much with the individual, being much greater relatively in the infant than in the adult. In the majority of male children it projects from a quarter of an inch to half an inch beyond the glans, and can easily be retracted over it. The integument covering the penis and forming the prepuce is remarkable for its extreme thinness and its looseness of attachment to the parts beneath, except where it is reflected from the cervix over the glans, and here it is so adherent that it is almost impossible to separate it. It contains no fat. Around the cervix certain sebaceous glands are found, the *glandulæ odoriferæ* or Tyson's glands. The excretion of these is said to contain caseine in large amount, and if it be not removed becomes readily decomposed, causing considerable irritation. This, which may occur *in utero*, is, I believe, by far the commonest if

not the only cause of the adhesions between the prepuce and the glans, which are so often met with in young children. The necessity therefore of attention to the part should be impressed upon nurses, so that it may be cleansed frequently and no excretion allowed to accumulate, care always being taken not to leave the prepuce retracted but to replace it.

Phimosis is either a congenital or an acquired affection. In the great majority of cases it is congenital. Although it very frequently happens that nothing abnormal is noticed for months, or it may be even years, after birth, still we often have reason to believe that in many cases, where ill-health results from phimosis, there has always been an elongated and contracted prepuce, and that no attempts at proper cleanliness have been made.

In many cases the elongated and contracted prepuce is distinctly hereditary; Mr. Bryant states that he has often known it to be so, and quotes one instance where a father and five sons all suffered from it. I have known a father and three sons affected with it, and requiring operations.

Acquired phimosis in the adult is usually the result of inflammation from a gonorrhœa or a chancre. The irritation caused by the discharges or the sore produces inflammatory swelling and infiltration of the prepuce, so constricting its orifice that it is often impossible to retract it over the glans. In the child the irritation is usually caused by neglect in washing away the excretions from Tyson's glands. As a rule, the inflammation is not so acute, and causes no perceptible swelling, or even attracts no notice whatever; it results simply in adhesions between the glans and the prepuce. Occasionally, however, it is more severe, and may even cause balanitis, with purulent discharge, simulating gonorrhœa. In the latter case, attention is soon called to the part, and the affection is easily remedied by thorough and frequent ablutions, or, if necessary, circumcision. The former condition, if slight, may persist for months or years, giving rise to little or no inconvenience, and ultimately in process of development the adhesions may be torn and the parts return to their normal condition. It may, however, interfere seriously with the health of the child, and give rise by reflex irritation to the most various morbid states without being recognised as the cause.

*Morbid conditions affecting the genito-urinary system  
resulting from phimosis.*

*Balanitis*, or inflammation of the glans, has already been alluded to, and shown to result according as it is chronic or acute either in adhesions or suppuration. When it takes the suppurative form, there will be found on circumcision small ulcers around the corona caused by the irritation of retained excretions.

*Paraphimosis* is very apt to ensue when the contraction of the prepuce just allows the glans to pass through. If it be left long in this position it quickly swells and becomes difficult to replace.

*Irritability of the bladder*, as evidenced by frequently repeated attempts to pass urine, is probably one of the earliest and most frequent results of phimosis. It may be brought about in a two-fold manner according as it is caused by an adherent or an extremely contracted prepuce. In the former case it is the result of reflex irritation of the bladder; in the latter the actual obstruction to the flow of urine causes the act of micturition to be incompletely performed; only a small quantity of urine is voided at a time, just so much as will suffice to relieve the bladder for a little while, and then the act has to be repeated with the same partial success. After this condition has lasted some time extreme hypertrophy of the bladder may result.\* The adherent and contracted prepuce is, I believe, the commonest cause of vesical irritability in the child. It is rarely the cause in adults.

Irritable bladder of course is only a symptom, and is met with in many other conditions, such as calculus, stricture, enlarged prostate, cystitis, thread worms in the lower bowel, &c.

The general health of the child suffering from it is sure to be affected in some way or other. He is often ill-tempered, is not readily amused, cries on being touched. He wakes up frequently during the night and voids a little urine, and it will generally be found on careful observation that whenever the act of micturition comes on, either night or day, he has a crying bout which lasts until the bladder is relieved somewhat. He

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\* Golding Bird, *Medical Times and Gazette*, 2/85, p. 43.  
Price, *Ranking's Abstracts*, 1/61, p. 261.

does not gain flesh and weight but becomes pale and flabby, the abdomen is often full and rather hard, and constipation or diarrhœa, especially the latter, may be present. In such cases as these after circumcision or a slitting operation has been performed, the health rapidly improves, and nurses often express surprise at the great quantity of urine which is passed for some days afterwards.

*Enuresis.* The contracted or adherent prepuce is a very common cause of incontinence of urine. Mr. J. Cooper Foster says that nine-tenths of the cases in children are due to it.\* This is doubtless an over-estimate, as the following statistics by Dr. Townsend will show. According to the latter, out of 355 healthy children of both sexes, 77, that is 21.69 per cent. had incontinence. Of these 42 were boys and 35 girls; of the 42 in only 8 or 19 per cent. was it attributed to long or adherent prepuce.†

Incontinence is sometimes associated with the irritable bladder which has just been considered. It may be supposed that during sleep, the sphincter muscle at the neck of the bladder, which is under a considerable pressure from the over-distended condition of the viscus, relaxes and allows the urine to dribble away. This explanation may apply to a certain number of cases, but in the majority the incontinence is probably of a more directly paralytic nature, the result of reflex irritation from an adherent prepuce. The latter explanation will be more in accord with the theories regarding incontinence, when it occurs after diphtheria, measles, in the course of paralytic diseases, or when it is the result of venereal excesses or masturbation. In all these it is regarded as due to paralysis. The analogy between phimosis and the two last-mentioned conditions is indeed very close, and attention has been drawn to it by Dr. Lewis Sayre in his work on *Orthopædic Surgery*. He points out that in some cases of adherent and contracted prepuce, the penis is in an almost constant state of erection, and as the result of this excitement paralysis in various parts of the body may occur, just as in excessive venery there is profound physical and nervous prostration and sometimes paralysis.

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\* *Lancet* 2/72, p. 593.

† *London Medical Recorder*, April, 1888.

The pathology of incontinence from phimosis therefore resolves itself into these two forms, first, when it is the result of contracted prepuce only, and is merely the unconscious overflow from the distended bladder, and secondly when it is the result of adherent prepuce with or without contraction, and is of the nature of a reflex paralysis of the *sphincter vesicæ*. Circumcision, or an operation short of this if it be thought sufficient, will generally be attended with success. Numerous illustrative cases are recorded in medical literature.\* The following, contributed by Dr. F. B. Wood to the *Medical Press and Circular*, 1869, vol. ii., may be quoted. A lad, aged 14 years, had been troubled from childhood with enuresis, to such a degree that the urine was passing from the urethra almost constantly night and day. The penis had an elongated prepuce, which was firmly adherent to the glans. After the performance of circumcision, and the removal of the adhesion, the incontinence entirely ceased.

*Retention of urine* occasionally results from an adherent and contracted state of the prepuce. Sometimes the contraction is so extreme as to offer the greatest mechanical impediment to micturition. The aperture may be so small as to be difficult to find, and the urine can only escape in a very diminutive stream or dribble away in drops. Under such circumstances the prepuce may become distended and we have what is called "ballooning." Dr. Dibble, of Albion, Michigan, reports a case of this kind, where the distended pouch formed a supplementary bladder measuring 9 inches in circumference.†

Ordinary cases of retention are, I believe, generally caused by reflex irritation the result of some adhesion. It is often impossible to say in what manner the retention is produced, whether by paralysis of the bladder or spasm of the sphincter. In the early stages it may possibly be from spasm, in the later it is almost sure to be from paralysis. It is also possible for it to co-exist in paralytic cases with incontinence, a condition very likely to give rise to mistaken diagnosis, since the frequent

\* Bryant, two cases, *Medical Times and Gazette*, 2/68, p. 525.

Otis, two cases, *Lancet*, 2/75, p. 117.

Trousseau, *Lancet*, 1/60, p. 336.

† *Lancet*, 1881, vol. ii, p. 862.

voidance of urine would not lead one to suspect an over-distended bladder. Examination of the abdomen by palpation or percussion, or the passage of a catheter, would easily decide the question. Five cases of retention from phimosis are given by Mr. Bryant in the *Medical Times and Gazette* for 1868, vol. i, p. 525. One of these may be quoted as an illustration:—H. B., aged 20 months, was admitted suffering from retention of urine. For six weeks past he had had difficulty in micturition. He had once passed three days without micturition, and often two days. There were firm adhesions between the glans and the prepuce. After operation the child got well in a few days.

*Obstinate priapism* has already been briefly alluded to as a frequent symptom in phimosed patients. A case of this kind may also be quoted from Mr. Bryant. A child aged two years was said to have had erection from birth. The mother had never seen it in a different condition. There was no difficulty in micturition. When about eleven months old the patient had what was called tetanus or fits, which were followed by wasting of the legs. The limbs were then feeble. The priapism disappeared after circumcision was performed. It is not stated whether the prepuce was adherent or contracted only.

*Extravasation of urine* is not likely to result from uncomplicated phimosis, but when it occurs from an injury the existence of a tight prepuce would cause great aggravation, as the following case by Mr. Paget will testify:—A child aged 2½ years was admitted into hospital on August 15th. He had elongated and contracted foreskin from birth. About a fortnight before admission he fell off the edge of a chair, and slightly bruised some part of the genitals. Nothing wrong was noticed until two days before he was admitted. He then complained of severe pain in the perinæum, and could not pass water. Next day the scrotum and penis were much swollen, and all the signs of urinary infiltration were present. The prepuce, which was greatly distended, was slit up, and then the diminutive glans buried in the swollen parts was seen, “and by its side a large sinus extending close to the urethra backwards towards the pubes, and which looked as if caused by the effused urine making its way forwards.” A catheter was passed

into the bladder and free incisions made in the parts. Recovery ensued, only one or two small sloughs forming about the prepuce.\*

*Warty growths* attached to the glans are much commoner in those cases where the prepuce cannot be retracted than in normal individuals.

*Cancer of the penis* is also said to be met with more frequently in those who have always suffered from a greater or less degree of phimosis. Out of twelve cases of amputation of the penis for cancer performed by Mr. Hey, nine had phimosis†. Dr. Cadell, in a paper read before the Medico-Chirurgical Society, of Edinburgh, also supported this view; but at the same meeting Professor Lister stated that he had seen a large number of cases of cancer of the penis, but not one of them had phimosis. In spite of this experience, the general opinion amongst surgeons seems to be in favour of the view that cancer of the organ is somewhat predisposed to, by the existence of phimosis.

According to Mr. Price, *pain and swelling of the testes* have been observed to attend congenital phimosis.

*Hæmaturia* occurred in one of Mr. Bryant's cases. The details of this are given below, under the heading prolapse of the rectum.

A condition very similar to contracted prepuce, and capable of giving rise to many of its symptoms, is *contraction of the meatus urinarius*. It is by no means uncommon, and I have had one case where it co-existed with phimosis, and required a second operation, the defect not being noticed at the first one for circumcision. It is more closely allied clinically to stricture of the urethra. Mr. Furneaux Jordan says he has seen it give rise to all the symptoms of stricture, and even epididymitis and orchitis‡.

It has been frequently remarked by surgeons, and from the considerations in the foregoing pages it is evident that phimosis may produce all the symptoms of calculus in the bladder. Frequent and painful micturition, incontinence, intermittent flow of urine, hæmaturia, tenesmus, &c., may all result from it. The only certain method of diagnosis is, of course, the use of the

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\* *Medical Times and Gazette*, 2/52, p. 259.

† Ormsby. *Medical Press and Circular*, 1/83, p. 292.

‡ *Lancet*, 1/76, p. 169.



sound. The possibility of calculus co-existing with phimosis should not be lost sight of. It is not likely that calculus ever results directly from a contracted prepuce, but once formed its growth will be more rapid, and symptoms more marked on account of the phimosis, and the irritable condition of the bladder and altered character of the urine induced by it. One case of the co-existence of calculus and adherent prepuce is recorded by Mr. Forster.\* Another, under my own care, occurred in Mr. Clark's wards in the Glasgow Royal Infirmary, when I was house-surgeon. In the latter the prepuce was much elongated but not adherent, and only moderately contracted. Circumcision was required about three or four weeks after the lithotomy, since the perineal wound refused to heal. It then closed rapidly.

*Diseases of the alimentary system and abdominal organs generally.*

*Hernia* has been observed by almost every surgeon of experience as a common coincident with phimosis. Mr. Kempe, of the Sick Children's Hospital, Great Ormond Street, observed that out of 50 consecutive cases of phimosis admitted into that institution 31 had rupture. In five of them it was double inguinal, and in many umbilical as well. Umbilical alone was not counted. In none of these cases was the rupture noticed at birth. It is not difficult to understand the reason of this coincidence. The obstruction to the flow of urine causes an increased power of contraction on the part of the abdominal muscles, and this rendering the pressure in the abdominal cavity much greater than normal tends to protrude some of its contents at the weakest point. Stricture of the urethra and enlarged prostate act in a precisely similar manner, and are occasionally met with as causes of hernia. The mere application of a truss in this form of rupture is a very unscientific and symptomatic method of treatment. A single truss, indeed, if properly applied would tend to produce a double hernia.

Closely allied to this condition, and induced by phimosis in a similar manner, is *prolapse of the rectum*. This is often associated with disorder of the alimentary

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\* *Lancet* 2/72, p. 593.

system—constipation, diarrhœa, entozoa, or some other cause of rectal irritation. Any of these causes are of themselves sufficient to account for it, but when associated with other conditions producing greatly increased pressure in the abdominal cavity, such as phimosis, whooping cough, &c., prolapse readily occurs, and is very difficult to cure unless these latter conditions are removed. In the following case, which has been referred to in noticing hæmaturia, the prolapse seemed to depend entirely upon phimosis:—E. J., aged four years, had difficulty of micturition from birth. At one time he had suffered from retention, at other times from incontinence. On several occasions he had passed blood with the urine after straining. His water would constantly stop during its flow, and then go on again as in stone. Since he was eight months old he had had prolapsus. The bladder was healthy, as also the bowel. The prepuce was very long and closely adherent to the glans. After circumcision all the symptoms at once vanished.\*

*Vomiting, diarrhœa and constipation*, especially the two latter, are occasional consequences of phimosis. A remarkable case of vomiting from this cause occurred in the practice of my friend Dr. A. T. Bremner, of this town, who has kindly given me the following details:—A child, aged nine months, was brought to him having been troubled with obstinate vomiting from birth. No other symptoms beyond considerable emaciation were remarked. The vomiting took place almost immediately after anything had been swallowed, and was of a most forcible character. The food was suddenly ejected, even two or three yards across the room. The prepuce was discovered to be elongated and adherent. Circumcision was performed and the vomiting ceased almost immediately.

Diarrhœa, with tenesmus and sometimes bloody stools, as a result of phimosis, is more common in these cases, I believe, where there is extreme contraction of the prepuce producing obstruction to micturition, and no reflex paralysis. The sympathetic relation between the bladder and rectum stimulates both to act at the same time; the calls of nature as regards urination are much

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\* *Medical Times and Gazette*, 1/68, p. 525.

more frequent—there is more straining and expulsive power employed; there is probably no reflex paralytic weakening of the muscular coat of the bowel, and possibly also there is considerably increased excretion of water by the intestines to compensate for the diminished flow caused by the obstruction in the urinary passage. Everything, indeed, tends to produce a relaxed state of the bowels, and this I believe accords with clinical experience. A considerable proportion of the cases I have seen have at one time or another suffered from it.

Obstinate constipation is now and then consequent upon phimosis, especially when it takes the form of adherent prepuce. In such cases it should be regarded I think as due to reflex paralysis, or weakening of the muscular coat of the bowel. If hernia be present, it is very apt to occur, but here of course it may be secondary. The following instructive case may be quoted from Sayre's *Orthopædic Surgery*:—

A child, aged  $3\frac{1}{2}$ , was brought to Dr. Sayre on account of paralysis of the lower extremities, and prolapsus of the rectum. "The child was very peevish and fretful, *very costive*, and the mother states that in straining at stool, and in making water, his bowel would frequently come down and give her great trouble in pushing it up." He was circumcised, "the lining membrane of the prepuce was firmly adherent to the glans, requiring section by the knife before it could be torn off." After fourteen days his paralysis was much improved, and "his bowels had become perfectly regular without any prolapsus." In this case there can be little doubt as to the paralytic nature of the constipation. Several other cases where this symptom formed a prominent feature are described in Dr. A. C. Clifton's valuable article upon "Congenital Phimosis," which appeared in the last number of the *British Journal of Homœopathy*. This article, to which I wish to express my indebtedness for much information, will doubtless be familiar to most of my readers.\*

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\* I would take this opportunity of expressing my indebtedness to Dr. Clifton for the assistance I have derived from his library and for many valuable hints he has kindly given me upon the subject. Dr. George Clifton, of Leicester, has also afforded me much help of a similar nature, and to him also I am under many obligations which I thankfully acknowledge.

*Gastralgia.*—Pains, sometimes of a dull aching character, sometimes spasmodic or neuralgic, referred more or less vaguely to the abdomen, and causing frequent crying and screaming fits, are not uncommon in patients—the subjects of phimosis. In the *Alienist and Neurologist* for October, 1881, Dr. Saunders reports four cases of severe intermittent abdominal pain in male children between the ages of three and eight years. Adherent prepuce was believed to be the cause, and all the cases were immediately relieved on circumcising or merely separating the prepuce.

*Abdominal Phthisis.*—In subjects with a constitutional tendency to the development of tubercle, and in whose abdominal organs tubercular deposits have formed, the existence of phimosis would tend to aggravate the symptoms and greatly accelerate the progress of the disease. In some cases it might even be sufficient, I believe, to act as the exciting cause. The following is the only case I have been fortunate enough to meet with bearing upon the question, and I am not acquainted with any others in medical literature which will afford additional proof of my statement. It is not, I think, because such cases have been rare, but because nothing abnormal having been noticed in the appearance of the penis, and no complaints made, it has not been thought necessary to examine it, and the real cause has been overlooked. A child, aged 10 months, was brought to me on August 14th, 1887, having been ill some six or seven weeks with diarrhoea and occasional sickness. He had been remarkably healthy and plump before this, the only ailment having been a slight attack of jaundice, occurring a few days after birth, the yellow colouration having been more intense than is usual in these cases. Teething, so far, had not been attended with any difficulty. Since the commencement of the present illness the child had wasted very considerably, except in regard to the abdomen and the head, both of which parts appeared very large in proportion to the rest of the body. The abdomen was firm, tense and uniformly distended. It was very tender, almost the slightest touch making the patient cry out. There was ascites, but the distension was due in part to flatulence. No lumps or indications of enlarged glands could be felt on superficial examination,

and it was impossible to press deeply on account of pain. The head, beyond its apparently large size, did not show any indications of hydrocephalus as to shape, state of fontanelles, &c. Every night it was covered with offensive, clammy perspiration. The child was extremely ill-tempered, always fretful and crying, and at times screaming violently, doubtless from abdominal pain. He was partly weaned and his appetite was very poor, the food being frequently vomited. There had been diarrhoea all through the illness, the motions being extremely offensive, and sometimes looking, the mother said, as if they contained matter (pus). In regard to family history there had only been one other boy, who had been taken ill with symptoms similar to the present patient, and had died after a few weeks' illness. He was said to have had consumption of the bowels.

I directed the child to be entirely weaned, and prescribed *arsenicum*, and afterwards one or two other drugs, but without any good result. About a week after I was told, on enquiry, that the child passed very little water, and on examining the penis found an extremely contracted prepuce, the tightest I have seen; the aperture, indeed, was rather difficult to find. Next day, under chloroform, I performed circumcision. There were two or three slight adhesions which were torn across. Improvement seemed to set in almost immediately after the operation, the diarrhoea soon ceased, the appetite improved, the quantity of urine excreted was greatly increased, escaping in large quantities both day and night. The child gained flesh, and went on as favourably as possible for a time. Two months afterwards he was again brought to me on account of a recurrence of the old symptoms, the mother stating that there was still something wrong with the penis. I examined it, and found the cicatrix had contracted, forming a phimosis quite as tight as before. I operated a second time, taking care to remove sufficient foreskin, and inserting two or three sutures, so that the wound might heal more quickly. The result of this was satisfactory, and the child has been in good health since. It is impossible, of course, to assert that the case was of a tubercular nature, but I certainly regarded it in that light at the time, and gave a rather dismal prognosis. Had the phimosis not been discovered, and the case proved fatal, very few

practitioners would, I think, have hesitated in signing the certificate to that effect. It would have been interesting, moreover, to have known more about the child who had died, especially as to whether he had been the subject of phimosis, which, considering the hereditary nature of the malformation, I think extremely probable.

(*To be continued.*)

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## HOMŒOPATHY OR ANTIPRAXY.

BY DR. DUDGEON.

ALTHOUGH a considerable portion of Dr. Sharp's new Essay, No. LII., entitled *Homœopathy ought to become a Science*, is occupied with a reply to my little article with the above title in the 31st vol. of the *Review*, it hardly requires any lengthened notice from me, as I do not think he has succeeded in refuting my arguments in this new essay. I need not repeat them here, but would refer the curious reader to my article, and caution him against accepting as a fair statement of them the quotations given by Dr. Sharp, as he has quoted only as much as seems to give a sanction to his views, which he has only been able to do by giving small fragments dislocated from their context, which gives an entirely different meaning to them, often the exact contrary of the real argument; a kind of literary *antipraxy* more to be commended for its ingenuity than for its fairness.

There are, however, some fresh points in Dr. Sharp's new essay on which I may be allowed to make a few observations. Dr. Sharp says (p. 42): "The old principle is now changed by homœopaths into *similia similibus curentur*, and is represented to be 'a mere rule of practice.'" This, as most of your readers are aware, is a complete mistake. Hahnemann himself always employed the formula *similia similibus curentur*, and distinctly says it is a therapeutic rule, and we learn from his friend Mr. Everest, who was much with him during his later years, that he was very much annoyed that his disciples had altered the formula to *similia similibus curantur*. If Dr. Sharp will bear this in mind, that Hahnemann's formula is the statement of rule of selection of the remedy—which I pointed out in my *Lectures* thirty-four years ago—and not an explanation of the

mode in which the cure is effected, he will at the same time see that it is not antagonistic to his *antipraxy*, which is nothing more or less than an attempt to explain the mode of action of the remedy selected according to the Hahnemannian therapeutic rule. He will have it that homœopathy implies that the remedy when given for the cure of a disease acts in the same way as it does on the healthy, which is absurd, for in that case it would increase the disease, not cure it. The essence of homœopathy is that the remedy which on the healthy is capable of producing an artificial similitude to the disease, when given in such a disease acts curatively, *i.e.*, antagonistically to the disease. The homœopathic rule is no explanation of how the remedy acts in disease, and Dr. Sharp is by no means the first to attempt to explain its action by saying that it acts in a contrary sense to what it does on the healthy,\* but this or any explanation of its mode of action in disease does not detract in the slightest degree from the truth of the rule for the selection of the remedy which is thus expounded by Hahnemann: "To effect a mild, rapid, certain and permanent cure, choose, in every case of disease, a medicine which can by itself (*i.e.*, on the healthy) produce an affection similar to that sought to be cured." *Antipraxy* is not a rule for the selection of the remedy; the rule still must be the homœopathic, for it is by the likeness of the pathogenetic effects of the drug to the disease that we must still be guided, even though we may hold that the small dose in which we give it has in disease an opposite action to that of the dose in which it manifested its pathogenetic effects on the healthy prover. As the vast majority of diseases, natural and medicinal, have no thinkable opposite or contrary except health, to hold that the action of the small dose we give is the contrary of that which caused the morbid picture it produced on the healthy, is a pious opinion or hypothesis that does not affect the correctness of the unhypothetical homœopathic rule one way or another. Dr. Sharp says: "For myself, I think I may now, with a quiet mind, take my leave of homœopathy." But it is an idle boast—he cannot, and the next case of facial neuralgia, sore-throat, or cold in

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\* See J. O. Müller's explanation of the antipathic action of homœopathic remedies in my *Lectures*, page 87.



the head he prescribes for he must still be guided to the right remedy by the homœopathic rule—*antipraxy* would not help him one atom.

Dr. Sharp repeats here his previously recorded instances of the alleged contrary action of large and small doses. It would take too much time to examine all these, amounting in all to fifteen, but I may just look at one or two of them. He says of *digitalis*: "It acts in a contrary manner on the heart in larger and smaller doses, and also on the kidneys. It has long been given in large doses to increase the quantity of urine. I have taken it in doses of the  $\frac{1}{100}$ th part of a drop of the tincture, till there was *suppression*." (In his *Therapeutics*, p. 81, Dr. Sharp says "almost" suppression—but let that pass). It is doubtful whether *digitalis* is an unconditional diuretic, *i.e.*, that it causes diuresis in the healthy; most authorities deny that it is.\* It has certainly a diuretic action in cases of cardiac dropsy, but that is stated to be owing to its tonic action on the heart, and not to any special action on the kidneys. Again, in most cases of poisoning by *digitalis*—therefore from very large doses—the urine was either suppressed or rendered very scanty, so that Dr. Sharp's  $\frac{1}{100}$ th of a drop doses, which he gives us to understand are small doses, should have caused, not suppression, but increased flow. And indeed elsewhere he tells us that that same dose thrice repeated caused "decided action on the kidneys, shown by increased secretion." (*Essays*, p. 717.) So that the same dose in the same prover caused contrary actions. Which is the antipraxis guiding effect?

*Arsenic*, he tells us, in larger doses causes diarrhoea, in smaller constipation. Is this so? We read in Dr. Sharp's *Therapeutics*, p. 81, that he took "the 3rd dilution (a small dose surely—indeed his very smallest dose) three times a day for a fortnight, this ended in a smart attack of diarrhoea." But according to *antipraxy* it ought to have caused constipation.

I have only taken these two instances out of the lot, at random as it were, and they certainly do not support Dr. Sharp's contention of the contrary action of large

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\* Schroff, *Lehrbuch der Pharmacologie* (p. 601), who made on himself and others numerous experiments with *digitalis* in all doses says: "The urinary secretion was in no instance increased, neither by small nor yet by large doses."

and small doses. If then, to judge from these instances, there is no certainty, even in Dr. Sharp's own observations, with respect to the contrary actions of large and small doses, what becomes of *antipraxy*? It does not, indeed, matter a straw what becomes of it. It is a mere hypothesis, destined, like other medical hypotheses, as Dr. Sharp himself says, "to sink into contempt and oblivion."

One more unfortunate [hypothesis]  
Weary of breath,  
Rashly importunate,  
Gone to her death.

Dr. Sharp is amusingly captious with regard to some expressions I have used. I ask, "Is it possible to localise diseases"? and Dr. Sharp makes as though he did not know what I mean. He forgets that it is to him I am indebted for the expression. He says in the essay to which my article is a reply, "The third step towards laying the foundation of therapeutics is the *localisation* of disease." According to Webster, "localisation" is "the art of localising," so the phrase is Dr. Sharp's own.

To my observation that his *organopathy* "is a revival of the futile speculation respecting the proximate cause of disease," Dr. Sharp asks, "How can the *seat* of a disease be its *cause*?" I don't know, indeed, how it can be, but Dr. Sharp must know that the term, "proximate cause" was, and, maybe, still is, used to denote the morbid change, either structural or functional, in some organ or part of the body which gives rise to the noticeable symptoms of the disease. So that "proximate cause" means at once the seat of the disease and the morbid alteration in it. In the language of the old writers it was, "*illa quæ presens morbum facit, sublata tollit, mutata mutat*," which precisely conveys the idea of Dr. Sharp's *organopathy*.

Certainly, in the words of the title of this essay, "therapeutics ought to become a science," but it will never do so by means of *organopathy*, which is distinctly a step backwards, as I have before shown; nor yet by *antipraxy*, which is a hypothesis without foundation in fact, and were it even as true as it is erroneous, can never supersede, and not even enter on any rivalry with, Hahnemann's well-tried rule for the selection of the remedy.

It is sad to think that Dr. Sharp, who at one time was such a zealous champion of homœopathy, should now be devoting all the powers of his well-stored mind to overthrowing what he formerly defended. I have long thought, and this last essay convinces me, that most of Dr. Sharp's opposition to homœopathy originates in his mistaken notion as to what the formula *similia similibus* means. He now shows that he is both surprised and annoyed to find that it is merely a rule for the selection of the remedy, and not the expression of a law of nature, or an attempt to explain the mode of action of the remedy in the cure, and though he has Hahnemann's *Organon* in his hand, with *similia similibus curentur* staring him in the face at page 55, he accuses modern homœopaths of having altered the original formula to render it a mere rule of practice, whereas, the fact is that we have only restored the formula to its original Hahnemannian form, and it was high time to do so, as in its perverted form it has given rise to many erroneous ideas and conclusions, among which Dr. Sharp's is the latest and not the least pernicious.

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## COMBINED CHLOROFORM AND COCAINE ANÆSTHESIA.

By C. KNOX SHAW, Esq.

Ophthalmic Surgeon to the London Homœopathic Hospital and the  
Buchanan Cottage Hospital, St. Leonards.

In the *Lancet* of August 4th there is an "annotation" under the above heading, giving the experience of Professor Obalinski, of Cracow, as to its use, and his method of employing it.

In the London Homœopathic Hospital, and the Buchanan Cottage Hospital, St. Leonards, I have for the last year or two increasingly used *cocaine* as a local anæsthetic in minor operations, such as the removal of sebaceous tumours, adenomata of the breast, and in amputation of the fingers and toes, etc., and have been very satisfied with the result. In only two cases have I seen any unpleasant effect result from it. There are, however, some patients upon whom the anæsthesia is not sufficiently profound to ensure a painless operation. But up to the present I have not been able to discover any

peculiarity which would enable me to say beforehand whether the *cocaine* will produce a total or only a partial anæsthesia. There is a difficulty in performing operations upon children, such as circumcision, under *cocaine* anæsthesia alone, inasmuch as they are not old enough to understand what is going to take place, and their fear renders it impossible to keep them quiet. We have therefore for some time now proceeded in these and other operations very much in the same manner as that suggested by Professor Obalinski. *Chloroform* is administered on a Skinner's inhaler till the patient becomes drowsy and habitually unconscious; then 10 to 20 minims of a 4 per cent. solution of *cocaine* are injected, in quantities of 4 to 5 minims, around the part to be operated upon. No more *chloroform*, as a rule, is needed after the injection. There is no sickness, consciousness is rarely entirely lost, and recovery from the effect of the combined anæsthesia is rapid.

Professor Obalinski's experience leads him to recommend the combined method for extensive operations.

Harley Street, August 13th.

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## REVIEWS.

*Nature's Hygiene; a Systematic Manual of Natural Hygiene, containing a detailed account of the Chemistry and Hygiene of Eucalyptus, Pine and Camphor Forests, and Industries connected therewith.* By C. T. KINGZETT, F.I.C., F.C.S. 3rd edition. London: Baillière, Tindall & Cox, King William Street, Strand. 1888.

THIS very interesting and instructive volume is divided into two parts. The first consists of a series of chapters, commencing with one explaining the chemical principles and changes, a knowledge of which is essential to a right understanding of the facts, experiments and conclusions set forth in those which follow. After one devoted largely to an inquiry into the influence of oxidation, and to the study of the nature and properties of ozone and peroxide of hydrogen—both powerfully oxidising agents—another on the chemistry and hygiene of the atmosphere, in which the necessity for pure air and the importance of taking suitable steps to neutralise the deleterious character of such as may be laden with the germs of disease; and a third, in which the sanitary bearings of the processes of natural decay, fermentation and putrefaction are

pointed out with great clearness, we have one on the all important subject of water. Here we meet with some very interesting observations on the self-purification of rivers. Taking the Thames as a model of polluted streams—one which, in its upper basin alone, receives the untreated sewage from a collective population of 72,628 persons, and liquid sewage from which the whole of the solid or suspended matter has been removed, drawn from a population of 192,593 persons—he points out that, notwithstanding all this, the London water supply derived from this source in 1888 contained only 28 parts of solid matter per 1,000, and of this quantity only 0.174 consisted of organic carbon, and 0.081 of organic nitrogen. So that the organic impurities present in Thames water amount to barely twice the quantity contained in unpolluted streams. This comparative purity Mr. Kingzett traces to a portion of the solid matter being deposited on the banks and bed of the river, to its dilution with heavy falls of rain, with water, that is, which is naturally aerated, and therefore containing oxygen, and to the exposure of the whole surface of the river to the atmosphere; while, as it is a running stream, new surfaces are being continually brought into contact with the oxygen of the atmosphere. Hence oxidation, and therefore combustion, of impurities is constantly proceeding. In addition, the fish which live in the stream, and birds and insects which resort to it for food, all act as scavengers and assist in its purification. Here we have presented to us a very interesting illustration of Nature's hygiene. At the same time the author insists upon the importance of excluding sewage contamination from river water used for domestic purposes. 1st. Because the germs which cause typhoid and cholera are contained in the stools of patients suffering from these diseases, and, when swallowed, communicate them to others. 2nd. Because all the organic matter introduced into a river has to be oxidised or otherwise removed or destroyed, and the less that is introduced the smaller becomes the tax made upon the purifying agencies that are at work. 3rd. An impure water affords much better pabulum for the maintenance and reproduction of disease germs, than a pure water practically devoid of suspended and dissolved organic matter. Hence the importance of allowing no untreated sewage—that from which the solid matters have not been removed—from entering a river.

After a few remarks on the artificial purification of rivers, Mr. Kingzett has something worthy of note to say about domestic filters. "The agents," he says, "which are used in them (such as prepared charcoal, silicated carbon, spongy iron, and so on) are not known to be destructive of toxic products, and, considering their insolubility, it is almost

impossible that they can act as germicides. If, therefore, the use of filters promotes the purification of water, apart from removing the coarser solid suspended particles, it is by bringing the water into intimate contact with the aerated surfaces of the filtering medium which is employed; but this implies that due provision is made (and, as a matter of fact, it is not generally made) for renewing from time to time the efficiency of the said medium by freely exposing it to the air. In the absence of such a provision, the offensive matter abstracted from the water accumulates in the filter and chokes it, and unless it is removed from time to time water may be rendered impure, instead of becoming purified by its passage through the filter." The lessons to be derived from this commentary on filters are—1st. That filters require more or less frequent cleansing; and, 2nd. That an uncleansed filter is a great deal worse than useless.

The very difficult question of the disposal and treatment of sewage is discussed, and the various methods at present adopted are described in the next chapter.

The seventh chapter contains an interesting account of the germ theory of disease and a discussion of the manner in which germs originate disease. It is not, Mr. Kingzett contends, in any direct manner or by the mere mechanical presence in or upon the body that micro-organisms produce disease, but from changes created by them in the media in which the microbes develop, resulting in the formation of poisons of a chemical character. It is not the destruction of microbes at which disinfection aims, but only "the prevention of the production of certain poisons which they excrete, secrete or elaborate concurrently with their development in a suitable medium." Practically, this conclusion enforces the importance of cleanliness, of the studied exclusion of putrescible matters and processes in and near human dwellings, and a due provision of pure air and water. The prevention of putrescence is of the utmost consequence. The formation of sepsin, which Burdon-Sanderson has shown to be the poisonous principle in the putrefaction of flesh; while it also probably "results from the putrefaction of other animal and vegetable matters containing albumen," and is capable, when received into the system, of producing effects which, when recognised, are expressed as fever, it is the mission of antiseptics to prevent—an antiseptic being defined "as a substance which, when properly applied, prevents the formation of septic poisons in its vicinity."

Antiseptics or disinfectants vary in their mode of action, and not only so but some are harmless, others dangerous to human life, and some destroy substances to which they are

applied, and others are offensive. To be satisfactory, an antiseptic must be harmless to life, without influence on sheets, &c., and without any objectionable smell. "The only disinfectant," says Mr. Kingzett, "which, while possessing all these characters, also acts upon anærobic and ærobic forms of life alike, of which I have knowledge, is that known as 'Sanitas,' for the existence of which I am proud to take credit." Excellent disinfectant as "Sanitas" is, we are inclined to think that, as a local antiseptic, the silico-fluoride of soda introduced by Professor Thomson at the British Association last autumn, is likely to outstrip it in popularity and usefulness. After detailing the results of an elaborate research into the comparative antiseptic action of various chemical compounds upon organic matter, Mr. Kingzett discusses antiseptic surgery. In doing so he makes the following very useful and practical observations:—

"A wound," he writes, "which is attacked by atmospheric germs becomes infected; any chemical reagent which, by its presence, prevents this infection is an antiseptic, and if any such substance removes existing infection, as proved by the restoration of the wound to a healthful condition by its use, then that antiseptic is also a disinfectant.

"The practice of antiseptic surgery depends then upon the employment of measures (notably cleanliness and filtration of air) for keeping air-borne germs out of wounds, and for preventing their development in the wound, if introduced, by the used antiseptics.

"There is one great danger in the practice of antiseptic surgery, although it is by no means unavoidable, and that is the possibility of poisoning patients by the absorption of noxious antiseptics. *Iodoform*, *subnitrate of bismuth*, and *corrosive sublimate* exhibit very powerful toxic effects, and many hundreds of lives have been lost by the employment of *carbolic acid*; but now that there are better antiseptics known to science, such as 'Sanitas,' which is non-poisonous, the necessity for using poisonous antiseptics no longer exists, and their employment by unscientific persons is to be condemned in the strongest possible terms, since it unnecessarily exposes suffering humanity to danger of life and limb from their toxic effects.

"It is a mistake often made by surgeons to imagine that in the proper practice of antiseptic surgery they require to use the most corrosive and actively poisonous substances they can command. It should be remembered that the process of putrefaction does not attack living tissues, but only dead matter, and the surgeon should as carefully remove (by cleansing operations) dead tissue, thus minimising the chances



of infection, as he attends to the use of his antiseptics, for it is the dead matter that constitutes the pabulum of disease germs in the case of wounds.

“As I think, therefore, disinfection is to be carried on with the object of interfering with the multiplication, or of so influencing the conditions of life, of the microbes associated with specific diseases, that they shall cease to produce the poisonous substances constituting the real direct causes, for in all probability it will be found that the microbes themselves are universally distributed in nature, and that it is idle to think of exterminating them. But although they cannot be exterminated they can be controlled in relation to disease, just as it can be done in connection with the process of putrefaction observed in the laboratory.”

In the succeeding chapter the author gives some excellent directions for the antiseptic management of infectious diseases. At the conclusion of this he enters upon the second part of his work, in which he describes the antiseptic properties of the eucalyptus tree, and the value of the essential oil derived from it as an antiseptic agent in practical medicine. Of its great utility in cases of offensive discharges from the nose and throat we have had most satisfactory evidence.

Mr. Kingzett regards the eucalyptus, the pine and the camphor trees as yielding an oil in each instance possessing antiseptic and sanitary properties. He then details a number of experiments which lead to the conclusions—

“1. That all essential oils (of which ordinary turpentine is illustrative) which contain a hydro-carbon represented by the formula  $C_{10}H_{16}$ , as also all pure terpenes, give peroxide of hydrogen when their oxidised products are treated with water.

“2. That the peroxide of hydrogen in this way is related to cymene, and it has been shown that cymene gives peroxide of hydrogen, while menthene gives both cymene and peroxide of hydrogen.”

The author then describes, in a series of fully detailed experiments, the oxidation of turpentine, showing that “when turpentine is exposed to the action of air it absorbs oxygen and gives rise to the production of a peculiar organic peroxide which remains dissolved in the body of the oil, and communicates thereto properties resembling those of ozone and peroxide of hydrogen. Inasmuch as the oil is volatile, these properties are communicated also to the surrounding atmosphere. If the oxidised oil be treated with water, or what amounts to the same thing, if the oxidation of the oil be conducted in the presence of water, then, upon examination, the aqueous solution is found to contain peroxide of hydrogen, and it is accompanied by thymol, soluble camphor of the provisional

formula  $C_{10} H_{18} O_3$ , camphoric acid, acetic acid, and a volatile oil."

This oxidised turpentine is the preparation known as "Sanitas," the manufacture of which Mr. Kingzett next describes; and, afterwards, by relating a long series of experiments demonstrates its antiseptic power, as well as that of peroxide of hydrogen and camphor. After some interesting observations on the life history of micro-organisms and the nature of the chemical changes they induce, Mr. Kingzett concludes his practically useful, as well as very instructive volume, with a chapter on the extent, distribution and hygienic effects of eucalyptus, pine and camphor forests.

Clearly and simply written, this *Manual of Natural Hygiene* is one that may be advantageously studied by all, whether professionally or personally interested—and who is not?—in the prevention of disease.

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*Therapeutics Ought to Become a Science.* By W. SHARP, M.D., F.R.S. London: George Bell & Son, York Street, Covent Garden. 1888.

ONCE more Dr. Sharp re-states his case for regarding antipraxy as the basis of scientific therapeutics, and again endeavours to show that it is something quite different from homœopathy.

As we pointed out a year ago, antipraxy at its best is but one of many explanations that have from time to time been advanced of the *modus operandi* of a homœopathically selected medicine. Though Dr. Sharp regards the "remarks" we then made as "feeble," and therefore we may assume easily answered, we can see nothing in this his latest utterance which proves them to have been erroneous.

As a basis for prescribing, the mere fact that different doses of the same drug have a contrary action would never, save by accident, help us to choose a correct remedy in any case. Half-a-dozen medicines may, for example, in large doses produce congestion of the lungs, and in small doses restore the circulation to its normal state in these organs. But which of these half-dozen is the most suitable in the case we have to treat? This we can only ascertain by studying the symptoms each produces in health, and by comparing them with those of the patient, finding out which of them it is that gives rise to symptoms most like, most similar to those presented by our patient. This is homœopathy. Without this we cannot practise medicine as successfully as we might do. Antipraxy may be interesting from an academical point of view, but for all practical purposes it is not only no

substitute for homœopathy, but is in itself of little value. The pamphlet itself shows that its author has, notwithstanding his great age, lost none of the energy and earnestness which characterised his very useful work of nearly forty years ago. Few indeed are the men who were hospital surgeons sixty years since who could have written so clearly, and have brought to bear upon his arguments so considerable an amount and variety of learning, thought and study, as Dr. Sharp has done in this his fifty-second essay. On his being able to do so we, and all who with us entertain a sincere regard for him, warmly congratulate him.

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## NOTABILIA.

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### THE BRITISH HOMŒOPATHIC CONGRESS, 1888.

THE Annual Congress of Physicians and Surgeons practising homœopathy will be held in Birmingham, at the Midland Medical Institute, Edmund Street, on Thursday, the 20th of September.

The business of the Congress will be opened, at 10 a.m. punctually, by an Address from the President, Dr. Dyce Brown, on *Freedom of Thought, the Basis of all True Progress in Medicine*. Any strangers who may desire to hear the President's Address will be welcome.

At its conclusion a Paper will be read by Dr. Compton Burnett, entitled *On Gonorrhœa in its Constitutional Aspects, with Special Reference to the Sycosis of Hahnemann*.

At the conclusion of the discussion upon it, Dr. Gibbs Blake will read one on *The Treatment of Cases in which an Excessive Excretion of Urea is a Prominent Symptom*.

At 2 o'clock the Congress will receive the Report of the Hahnemann Publishing Society, proceed to select the place of meeting for 1889, elect officers, and transact any other business which may be necessary.

Dr. Walter T. P. Wolston will afterwards read a Paper on *Naso-pharyngeal Hypertrophies in Relation to Deafness*.

The members and their friends will dine together at the Grand Hotel at 7 o'clock.

A meeting of the Hahnemann Publishing Society will be held in the Library Hall of the Midland Medical Institute, on the morning of the 20th September, at 9.15 a.m.

Dr. J. C. Huxley, 91, Harborne Road, Edgbaston, Birmingham, the Hon. Local Secretary, will be happy to secure beds at the hotel for any members who may communicate with him.

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HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held in the Library of the Midland Medical Institute, Birmingham, September 20th, at 9.15 a.m. Gentlemen who may have any reports or suggestions to make are requested to communicate with the Honorary Secretary, Dr. Hayward, 117, Grove Street, Liverpool.

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THE COLLEGE OF PHYSICIANS AND  
CONSULTATIONS.

UNDER the title of *The College of Physicians and Ethics*, the *Lancet* of the 4th ult. has the following paragraph:—

“ We understand that at the last meeting of the Royal College of Physicians the Censors' Board reported upon some recent cases of alleged infringement of professional ethics. In two cases explanations satisfactory to the Board had been given; but in a third, and apparently more serious case, a decision has not yet been arrived at. It appears that the Censors' Board received information of consultations being held by certain leading Fellows of the College—gentlemen who have held some of its highest offices—with a practitioner in the West-end alleged to be a homœopath. The Censors' Board, on applying to the gentlemen, were informed that they were not aware that the practitioner in question was a homœopath, that his practice did not conform to homœopathic principles, and, indeed, as he himself had declared in response to a question from one of the Fellows, that he was not a homœopath, but an ‘eclectic’ physician. We forbear comment upon a matter that is still *sub judice*. Nevertheless, it may be well to recall a memorable resolution of the College, passed on Dec. 27th, 1881, after full debate: ‘ While the College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine, it nevertheless thinks it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations.’ ”

The Censors who are responsible for this endeavour to carry into practice the object of the resolution recited by the *Lancet*, are, we believe, Dr. Garrod, Dr. Bristowe, Dr. Andrew and

Dr. Latham. Its further consideration will, we presume, be entrusted to Dr. Wilks, Dr. Latham, Dr. Hughlings Jackson and Dr. Broadbent, who were appointed Censors on the 26th of July, the meeting at which the matter alluded to was brought forward.

The recited resolution, which was moved by Dr. Wilks—now Senior Censor—restricts the disciplinary power of the College to remonstrating with those of its fellows and members who “countenance”—a euphemism we presume for “meet in consultation”—“those who trade upon designations.” Trading in designations the resolution defines as “the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment.” The gentleman who appears to have incurred the wrath of the censors denies that he is a homœopath, and claims to be an “eclectic” physician—whatever that may mean! As to therapeutic principles, he apparently, like Dr. Wilks and Hosea Biglow, plumes himself on “Hevin’ nuthin’ of the sort.” He does not assume any “designation,” and he accepts none, unless, indeed, “eclectic” be so regarded!

Nevertheless the Censors “designate” him a “homœopath”! They indulge in this unwarrantable proceeding in order to enable them by means of the Wilks resolution to insist upon his being boycotted by the Fellows and members of the College! His well known popularity as a physician, which has been constantly on the increase for forty years, has at length become unendurable to Dr. Wilks and his fellow Censors, and they hope to check it by anathematising all who “countenance” him, *i.e.*, meet him in consultation. It is a vain hope!

We are curious to learn how the authors of the redoubtable resolution will propose to deal with “certain leading Fellows of the College—gentlemen who have held some of its highest offices,” for having met in consultation “a practitioner at the West-end alleged” by them and by no one else “to be a homœopath.” The utter insincerity of those who brought forward this resolution is clearly demonstrated by this first attempt to render it operative.

It is not the word homœopathy or the word homœopath that Dr. Wilks and those who acted with him really object to, but it is what is expressed by the word homœopathy. They have all their lives protested against it as a “fraud and a nullity,” and they now know perfectly well that it is neither. To be consistent they must be persisent, and continue to create obstacles to the progress of this therapeutic doctrine. It has obtained too great a hold upon the public, and “leading Fellows” such as Sidney Ringer and Lauder Brunton, to say nothing

of lesser lights like Charles Phillips, have too clearly proved—and their evidence has been accepted—that it is a doctrine at any rate of “partial application” to allow of Dr. Wilks and like-minded Fellows opposing it directly, and so rendering it penal for any Fellow to practise homœopathy or meet in consultation any one who does. They could not do this; hence they persuaded their Fellows to agree to a resolution ostracising men who assume or accept—or, as it would appear, any to whom they may choose to apply—a designation! Dr. Wilks does not mind admitting—in short, at this period of the world’s history his doing so would be useless—that a physician may, if he likes, practise homœopathy, but he protests against any one saying that he does so. Probably he would much prefer such an one denying that he did so! Medical ethics are very different from Christian ethics.

Having obtained an instrument of oppression from the College, the Censors proceed at once to use it for their own purposes—to render it a means of scaring away men from investigating and practising homœopathy. The “assumption of designation” phrase is a mere blind. Dr. Wilks and his friends know perfectly well that medical men who practise homœopathy “assume” no designations. If he and others choose to call them homœopaths—and there is nothing unreasonable in their doing so—it is entirely their own affair, the so-called homœopaths are not responsible. The disciple of Broussais was called a Broussaist—but he was never regarded as a Pariah on that account.

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### THE DESIGNATION “HOMŒOPATHIC.”

We have frequently been told that one of the objections made to homœopathy by the majority of the profession is that we have our hospitals designated “homœopathic.” It is an excuse for objecting, rather than an objection that will bear arguing about. Our reply to it has always been that homœopathy is excluded from discussion at medical societies and in the journals which circulate most largely among the profession, while in every general hospital the knowledge that one member of the staff was treating his patients avowedly homœopathically would raise the question of his resignation or that of his colleagues. Hence, believing, as we do, that homœopathy constitutes the most important truth in practical medicine, that the duration of illness and the percentage of mortality from disease bear a direct relation to the treatment pursued, whether homœopathic or empirical, we are compelled to present homœopathy to the profession and the public as it appears in hospital practice, and this we can only do through

special hospitals, through institutions in which the practice of homœopathy is their *raison d'être*.

The same result has followed wherever an important branch of medical or surgical practice has been "pooh, poohed" by the majority. The value of the laryngoscope as an aid to diagnosis has been before the profession for some thirty years. The knowledge which the use of this instrument has afforded, and the facilities it has given for the surgical treatment of laryngeal disease, have been increasing from that time to this. For many years past the treatment of diseases of the throat has formed a distinct branch of practice with numerous representatives in London and other large towns. Journals devoted exclusively to the consideration of topics of interest to the laryngologist have been in existence for many years, while hospitals, specially charged with the treatment of laryngeal cases, have been established, and their necessity endorsed first, by the number of patients resorting to them, and, secondly, by general hospitals appointing special departments for such cases with special surgeons attached to them. This year, however, is the first in which a section of the British Medical Association has been devoted to laryngology and rhinology. Dr. Felix Semon was the President. In his opening address Dr. Semon reviewed the past history of laryngology in this country. In doing so he referred to the "languid interest" with which the laryngoscope was received by the profession; to the "platonic" rather than practical interest excited by the lectures and demonstrations of Professor Czermak in London; to the insufficiency of "the interesting communications and the brilliant therapeutic results of the pioneers of British laryngology" to rouse the bulk of the profession from its "passive attitude." "In view of these facts," he said, "it is not surprising that at a comparatively early period the expedient, usual under similar conditions, was resorted to, and special hospitals were founded for the better study of diseases of the throat and nose. This departure, however, did not increase the popularity of laryngology. The majority of the profession was in those days, even more than at present, averse to special hospitals, and laryngology did not escape the unpleasant consequences of asserting its independence."

Such is precisely the position which the study of homœopathy has occupied. It has not even enjoyed "a languid interest"—it has been tabooed from the first! Opposition to it has formed "a plank" in the political platform of the profession, and yet, if, as all who have experimentally tested it know, it is of immense importance in the treatment of all forms of disease, how infinitely more essential is it that its



study should be provided for than that of one class of diseases? Surely, if throat hospitals were needed homœopathic hospitals were still more required! If hospitals, the very name of which must indicate the kind of medical or surgical study to be had within their walls, are necessary for the completion of medical education, the whole fabric of nonsense which has been uttered about the unprofessional tone of calling our hospitals "homœopathic falls to the ground.

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### PROFESSIONAL ADVERTISING.

It will be remembered that in his first contribution to the *Odium Medicum* controversy, "R. B. C." said that he did not sign his letter with his name because he had "no desire for an advertisement." In his article in the *National Review*, entitled *Medical Science in Relation to Homœopathy*, he distinctly charged the disputants on the homœopathic side with having used the controversy for advertising purposes!

Considering how distasteful self-advertising would seem to be to "R. B. C.," and how completely independent he wishes to be thought of it, it is not a little singular that the *Times* and other daily papers of the 14th ult. contained the report of a paper read at *The British Medical Association* on the 9th ult., on an operation for opening the optic nerve sheath for the relief of pressure by Mr. Robert Brudenell Carter. The initials are, it will be observed, precisely the same as those of the writer in the *National Review* and the correspondent in the *Times*, who so earnestly repudiated any desire for advertising! And, yet, here is a purely technical article, the meaning and actual value of which can only be appreciated by an ophthalmic surgeon, published in the daily newspapers, the author of which is a member of the editorial staff of one of them. Has this medium of communication been sought for the purpose of attracting the attention of surgeons or of patients? As our contemporary the *Hospital Gazette* has said about it, "a more flagrant case of puffing has rarely been brought before us."

Especially flagrant does it appear when we consider the resolution passed on the 2nd of February by the College of Physicians, to which we referred in our last number. Though the gentleman, who communicates to the public through the *Times* his capacity to remedy a certain painful ailment by a novel procedure, by one that is superior to the treatment pursued by any other practitioner, is a Fellow of the College of Surgeons, and not of that of the Physicians, still, a method of obtaining practice and influencing the minds of patients, which has been declared to be derogatory to the dignity of the profession by one College, must and always has been similarly regarded by the other.

## ODIUM MEDICUM IN NEW ZEALAND.

IN our last number we referred at some length to the endeavours of the New Zealand Medical Association to procure an Act of the Legislature which should enable them, under the pretext of "Medical reform," to stamp out homœopathy in that Colony. We then quoted the comments of the *Auckland Evening Star* upon the situation; we have since received the criticism of the *New Zealand Herald* (June 2) upon the action of the Association. This is conveyed in a series of paragraphs, which in a striking and telling manner lay bare the conspiracy the Association has formed to stifle medical liberty in the Colony. The writer commences as follows:—

"The attempt of the medicos to form an exclusive guild for themselves, and to hedge it round by penal law, is an amusing illustration of the persistency with which old-world prejudices struggle for continued existence. If there is one thing beyond all others to which the atmosphere of colonial life is fatal it is the spirit of selfish monopoly; yet, just as among republicans the love of titular distinctions becomes a craze, so among the freedom-loving people of the colonies, and in the United States of America, where colonialism has attained maturity, we find "rings" and "corners," and "syndicates," assuming the most vigorous growth. Now, where the mere thirst of gold prompts to this the outcome is intelligible—for avarice, in its nature, inevitably exercises a cramping influence over the human mind—but, when we find education and presumed intelligence seeking to hedge itself round with penal fences, amid surroundings instinct with light, and life, and liberty, we are lost in wonder."

The writer accounts for this by showing "that mental training, when conducted in one continuous narrow groove, has the effect of only stimulating a few of the capacities that are exercised, and of largely eliminating that general intelligence of things which is familiarly spoken of as common sense."

After dwelling on the "mollifying influences of colonial life" upon clerical bigotry and narrow-mindedness, and on "the miserable fate that has come upon the lawyers, because of their guild exclusiveness," and showing that "the secret meeting" of the "orthodox" medical delegates "was intended to put a barbed fence around the profession," the writer goes on to say that "when once the public come to realise the plot that has been hatched by the doctors—to get a law to give them the power of imposing their orthodox medical faith and practice on the people, so that the people can be legally physicked only with their nasty stuff, or remain unpurged; to enable them to elect the Medical Council of their

own faith to say who shall not be allowed to practise healing ; to consign to limbo every medical man who believes in the uniformity of Nature's Laws and will not practise orthodox medical empiricism—when once the public realise that this was the mine intended to be secretly sprung on them, the chances are that a new crusade of liberty may be inaugurated, that Sir George will go for the doctors, and that we shall have free trade in physic.

“ And what is this ‘ orthodoxy ’ of medical belief that presumes to close the doors of healing ? It is a faith that stands self-confessed a failure ; that has declared by the lips of some of its most eminent priests and prophets that its drugs have proved worse than useless ; a faith unprincipled, in that it has no recognised principle or rule in healing, and proceeds by the rule of thumb, blindly groping in the dark, dosing with multitudinous combinations in the wild blind hope that some of them may hit the malady, and then in despair throwing physic to the dogs and preferring to rely on the recuperative forces of nature, undulled by poisons. And this is the faith that has the astounding audacity to say that any possible therapeutical fancy is unwarranted ! Why, if homœopathy was the wildest dream that ever dazed an alchemist's brain, it would not be too absurd to be embraced within the all-comprehensive limits of empirical groping that constitute the practice of medical orthodoxy ; and just like the fox, who, boasting a hundred means of escape from the hounds, scorned the cat who could only run up to the top of the tree, so medical orthodoxy, with as many remedies for any malady as there are drugs in the forest and the mine, and as many principles and laws for applying them in the art of healing as there are hairs in one's head, affects a contempt for the one uniform law of nature, which homœopathy declares to be its rule of faith.

“ Absurd and unreasonable as is the pretension of this system of unscientific and empirical quackery, one could be content to laugh at it if the orthodox medicos had not the daring presumption to ask the Legislature of this free country to give them the right to stifle their opponents of the new and natural school of therapeutics ; for this is exactly what is intended in this secretly-concocted Medical Bill that has just been stealthily conveyed to Wellington, in the expectation that some soft-headed member of Parliament will be able to smuggle it through while the public is hoodwinked. An idea so simple and child-like could only have been conceived in a professional brain, and one contained, I would think, in a case so dense as not yet to have been permeated by the light of colonial life. To allow an association—which in its self-sufficiency refuses admittance to medical graduates refusing to pronounce its

unscientific shibboleth—to elect a Medical Council which is to hold the keys of medical practice in the Colony—would be the recognition of a tyranny that may be genial enough to those habituated to the incorporated abuses of centuries that are a blur on England, but not likely to commend itself to the reason of this free young land; and to anyone that knows many of the genial sensible fellows that are in the ranks of our medical practitioners, the amazement is, however they can tolerate the indulgence of such hide-bound prejudices.”

When freedom of opinion in medicine finds such staunch advocates as are the pressmen of New Zealand, the opponents of professional liberty will find it no easy task to impose their trades union notions upon the Colonists; and when once such freedom of opinion has been well assured homœopathy will spread and prosper.

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#### MEDICAL LEGISLATION IN THE UNITED STATES.

EACH State in the American Union controls, through the State Legislature, the right to practise medicine in each. For a few years past efforts have been made to secure uniformity of qualification by the establishment of State examinations. In some instances the Boards of Examiners include physicians who practise medicine on the “old system,” and others who do so homœopathically. A candidate for a State licence to practice can elect to be examined in materia medica, the practice of medicine, and in surgery, either by the so-called “regulars,” or by homœopathists. This privilege, as may easily be supposed, has been obtained in the teeth of a bitter and vigorous opposition. Where such Boards do not exist, but where efforts are being made to obtain them, the old school are of course resorting to every sort of scheme to secure to themselves the examining of candidates, that they may be able to exclude all homœopathists. The American Institute of Homœopathy annually appoints a committee, whose duty it is to watch over all legislation of the kind. At the instance of this committee the following preambles and resolutions were adopted at the 1888 meeting at Niagara Falls:—

“Whereas, Single State Boards of Medical Examiners have been recently established in several States, the membership of which has been made up wholly or largely of the representatives of one school of medicine, thereby fostering and maintaining sectarianism in medicine in a most obnoxious form; and

“Whereas, The practical effect of the creation of these sectarian Boards is found to be prejudicial to the interests of

other schools of medicine, and constitutes an unnecessary and unwarrantable interference with the free exercise of the widest liberty of thought and action consistent with the public welfare ; therefore,

“ Resolved, That whenever legislation shall be attempted in any State, looking to the creation of a single State Board of Examiners, homœopathists are hereby urged to oppose such Bills to the fullest extent of their influence, unless amended so as to provide for the appointment of Homœopathic Examining Boards, having equal legal rights and privileges with those of other schools of medicine.

“ Resolved, That while we approve the appointment of State Boards of Medical Examiners as the most suitable method for securing higher and more nearly uniform standards of medical acquirements, we reject the proposition that these desirable ends can be obtained only through the appointment in each State of a single Examining Board.

“ Resolved, That while we approve the principle of State examinations, homœopathic interests can be conserved only by the establishment in each State of a separate Homœopathic Examining Board ; or that which is its equivalent, viz. : The appointment of a full corps of seven or nine homœopathic examiners, whose decision alone shall be final as regards the standing and licensure of all homœopathic and other students making application thereto.

“ Resolved, That in case it shall be found to be difficult or expedient to create and maintain a State Homœopathic Examining Board, homœopathists are hereby urged to rely for the protection of their interests mainly on laws for the regulation of medical practice and the registration of all practitioners.

“ Resolved, That in States in which laws for the regulation of medical practice have failed to protect homœopathic interests, and persistent efforts are being made for creating a single old school Examining Board, homœopathists in such States are urged to secure a Board of their own ; and failing in that, to insist upon the passage of a law providing for the teaching of homœopathic principles and practice in each of the old school medical colleges in said States, in order that all medical students educated therein shall receive at least a theoretical knowledge thereof.

“ Resolved, That a copy of these resolutions, with such other suggestions as the committee on medical legislation may deem proper, including suitable forms of proposed medical Bills, be presented by circular or otherwise to the homœopathic profession at an early day.”

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### STROPHANTHUS IN HEART DISEASE.

DR. SUCKLING, the professor of therapeutics, Queen's College, Birmingham, published the following note in the *British Medical Journal* some months ago.

"During the past few weeks there have been several communications to the *Journal* testifying to the beneficial action of *strophanthus* in heart disease, but I have not seen any record of its failure. I have been using *strophanthus* for several months at the Birmingham Workhouse Infirmary, and with little success. At first I thought that it might be due to my using a badly-prepared tincture, and to some extent this was the case, for I found that the tincture prepared by Messrs. Burroughs and Wellcome was far superior to that obtained from several other chemists. In all my cases hitherto I have found that, though *tincture of strophanthus* has done some good, yet the substitution of an equal quantity of *tincture of digitalis* has been attended with marked benefit, and I have ceased to prescribe *strophanthus* where it is important to obtain an immediate improvement. I have found that vomiting occurs from *strophanthus* quite as frequently as from *digitalis*; and in my opinion *strophanthus*, at any rate in the dose and preparation at present in vogue, is decidedly inferior to *digitalis* in its action in heart affections."

The only way by which Dr. Suckling or any other physician can ascertain the cases of heart disease in which *strophanthus* is useful, in which it is more useful than *digitalis*, is by making experiments with it upon healthy men and women, noting the symptoms it produces, which may be traceable to disturbance of the heart, and then prescribing it in sub-physiological doses in cases of heart disease presenting similar symptoms. This is the only road by which physicians can escape from the disappointments inherent in mere empiricism. It is known as homœopathy.

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### THE PHYSIOLOGICAL ACTION OF DRUGS.

IN spite of the scepticism which every now and again is brought to bear upon the value of numerous drugs, there are some facts concerning many of them which are universally conceded, some broad principles of action which are admitted as being beyond dispute, some common ground upon which all are agreed. Among the terms employed in medicine few would be allowed to pass unchallenged more readily than the term "physiological action." It is commonly employed in describing the influence of any new remedial agent, indeed it forms the basis of the so-called rational system of therapeutics as opposed to the empirical. Whenever any new substance is



introduced to the notice of the profession, its theoretical employment is almost necessarily based upon definite observations of the influence it exerts upon some healthy organism. This influence, whatever it may be, is ordinarily described as the "physiological action." It has probably been determined by numerous experiments, and when the term is thus employed the influence described is ordinarily restricted within certain very sharply defined limits. It has nothing whatever to do with disease; the introduction of any notion of disease at once breaks up the whole meaning of physiological action. Disease is to be combated by a therapeutic agent, which may perhaps possess special medicinal properties only when in presence of a morbid state, and thus the charm of simplicity is dispelled—the perfect circle of universality, the halo surrounding the notion of physiological action, is destroyed. Essentially, physiological action is concerned solely with the vital processes occurring as the result of the employment of a drug in a condition of health. Some authors, dissatisfied with the term, have endeavoured to replace it by "pharmacological action," used occasionally as being synonymous with the other, sometimes as indicating a combined action and reaction depending upon the introduction of a new force. Some boldly cut the Gordian knot by eliminating all adjectives and speaking merely of action and uses. The synopsis of the examination of the Conjoint Board has introduced yet another term ("medicinal action"), for the use of which it affords no explanation. It might appear that this distinctly implied a relationship to disease, but the present regulations negative this, since the examination in materia medica may be taken so early in the curriculum that it might well be doubted whether the student could even be expected to exhibit an intelligent knowledge of pharmacology. A first-year's man has hardly had opportunity to grasp physiological details; he certainly knows nothing of disease. In practice it has been found that the deans of the medical schools so well appreciate the difficulty of this ambiguity that they urge students to postpone their examination in materia medica until they have passed the second examination in anatomy and physiology. In other words, part of the first examination is commonly deferred until the second examination has been successfully dealt with. The supposition that a student can pass this examination at an early date after registration is a mere administrative fallacy. The vague term "medicinal action," so far as can be gathered from the experience of candidates, is by the examiners of the Conjoint Board understood to be practically synonymous with pharmacological or physiological action. The term of the synopsis is retained in the examina-



tion papers, and in the *viva voce*, but candidates are constantly reminded that their answers are expected to apply solely to the changes produced in a healthy organism ; indeed, vague references to names of diseases are rejected as irrelevant at this early stage of their studies. The term "physiological action" is sufficiently precise. To urge that a change in physiological processes induced by the action of any agent introduced into the system can hardly be described as a physiological action is surely to argue for the sake of argument. The term is not perfect, but so long as it expresses the notion of the changes induced in the healthy organism it would appear worth retaining. Mr. Meymott Tidy has recently endeavoured to cast fresh doubt upon it. To judge from his words, he regards it almost in the light of a cloak for ignorance. "There is a danger," he says, "lest the phrase 'physiological action' should be employed or regarded as explanatory." This remark is made incidentally in the course of a lecture upon "Poisons and Poisoning." It is quite casually that he suddenly asks, "How does strychnine act?" and startles us with his answer, "We know sadly little about it ; so little that we use the phrase 'physiological action' to express our want of knowledge." In a sense this may be true, but the term is sufficiently useful, and is perhaps the best that can be suggested. It merely implies the results of the presence of a drug, and states these results in definite intelligible order. How these results are brought about, what chemical or physical changes lead up to them, are for the present unanswerable questions, which should not prevent the employment of a simple expressive term in lieu of one which is at once vague and misleading. It would appear to be an over-refinement to confuse a junior student with "medicinal action" considered apart from disease. "Pharmacological action" is still liable to be considered pedantic. "Physiological action," in spite of Mr. Meymott Tidy's warning, is the least open to objection. This term bears a suitable relation to the knowledge a student may be presumed to possess at the time of examination, and the accurate study of the action of drugs in the healthy body should form a fitting link to an appreciation of their influence in connexion with disease.—*Lancet*.

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#### HOMŒOPATHY AT BUENOS AYRES.

THERE is at present no qualified practitioner of homœopathy in the capital of the Argentine Republic, though the homœopathic treatment is preferred by a large number of the citizens, who would give a cordial welcome to any qualified British practitioner of homœopathy. A foreigner desirous of

practising in Buenos Ayres has to pass an examination before the Medical Faculty of the capital. Mr. C. A. Davis, a prominent citizen of Buenos Ayres, is at present residing at 6, Chandos Street, Cavendish Square, London, and will be happy to give every information to any disciple of Hahnemann willing to settle in Buenos Ayres.

### HYPOCHONDRIASIS.

DISAPPOINTMENTS and vexations, from which no mortal is exempt, by long continuance will unhinge the animal economy. Dwelling incessantly upon disagreeable objects enervates the mind of man ; and such is the relative connection betwixt the mental and corporeal faculties that the mind cannot long sustain great afflictions without the body being disordered likewise.

Hence, it is evident that a dejection of the spirits alone will, in course of time, produce real bodily complaints, which must be removed before the natural cheerfulness of such patients can return ; and they oftentimes prove intolerable burthens.

What can be more distressing than a loss of appetite, and a loss of strength accompanied with a total dejection of the animal spirits ? Nothing surely—except the daily insult of being told by their mistaken friends, that they must keep up their spirits—that they must not give way to their complaints, and that they might be well if it was not their own fault. Alas ! they little think, or know, what such unhappy beings feel. It would be more rational to tell them to change their bodies—it being impossible for them to support their spirits, till the errors in their constitutions are removed. Such patients are under the influence of a real disease. Were it possible for these mistaken friends to change situations but for a single hour with those who are *pleasantly* but *cruelly* called *hippish*, a tenderness and concern for their misfortunes would take the place of anger and rebuke.—From “ *Remarks by an Able Physician in Practice at the Time,*” contained in *The Tunbridge Wells Guide*, 1782, page 72.

### CORRESPONDENCE.

#### RE THE HAHNEMANN PUBLISHING SOCIETY.

*To the Editors of the “ Monthly Homœopathic Review.”*

Gentlemen,—The Annual Congress of homœopathic practitioners is close at hand, and I desire to call the attention of our colleagues to the work of the above-named Society. At the forthcoming meeting a report will as usual be read by the Secretary, of the work done and in progress. Suggestions will also be made for future efforts in the same direction. But I fear that for the most part what will be submitted to

the meeting will, as on many former occasions, be cursorily discussed and as summarily dismissed. That such will be the case is, I think, largely due to the fact that only a few are really interested in the work of the Society, while others, not being well posted up in what has been done, or being in ignorance of what is contemplated, will be unable to give a well thought out opinion respecting the matters brought forward.

With this conviction, and yet earnestly desiring a different result, I will very briefly, and not speaking *ex cathedra*, but on the contrary claiming a wide margin for inaccuracy as to details, point out some of the leading facts in connection with the Society.

I believe it was founded in 1848 or 1849, and that there were three divisions of work contemplated. (A) *Materia Medica*, (B) a *Repertory*, (C) the *Therapeutics of Homœopathy*. With respect to the first we have had monographs published on *Aconitum*, *Arsenicum*, *Belladonna*, *Kali bichromicum*, *Uranium Nitricum*. But why, I would ask, have we not had at least a dozen more, for in 1870 we were told that essays on *Conium*, *Clematis*, *Colocynthis*, *Ipecacuanha*, *Naja*, *Phosphorous* and other drugs were promised by different men; that one on *Mercury and its combinations* was in a state of forwardness, and might shortly be expected, and another on *Natrum Muriaticum* within a year. Yet, after a lapse of 18 years neither has appeared, nor has any explanation been offered of their non-appearance.

*The Repertory*.—Of this about three-fourths has been published during the 40 years of the Society's existence. In 1868 we were told that the chapter on the Respiratory Organs was nearly ready; nevertheless, it has not been presented! Now I believe that the work is to be left unfinished with the hope of a better and more readable one, based on the *Cyclopædia of Drug Pathogenesis*, which is to appear when that work is completed.

(C) *The Therapeutic part of the Repertory*.—In this department nothing has been completed. In 1869 the details of a plan were submitted to a meeting of the Society, and an agreement came to with regard to its construction. Since then specimen chapters have been published for our consideration and criticism on *Bronchitis*, by Dr. Hughes; *Diseases of the Liver*, by Dr. Gibbs Blake; *Acute Rheumatism*, by Drs. Drysdale and Gibbs Blake; and *Diseases of the Kidneys*, by Dr. Gibbs Blake. Papers have appeared also in the journals discussing the merits, and demerits, and difficulties attending these arrangements—*vide Monthly Homœopathic Review*, 1870, pp. 89-321-651; 1873, pp. 524-684-721; and again, after an interval of eleven years, 1884, p. 661. *Vide also British*

*Journal of Homœopathy*, 1871, p. 140 ; 1873, p. 385. Now, I would seriously urge my colleagues to turn to the aforesaid pages of the journals, and make themselves acquainted with the main facts of the position of the Society's work in this direction before the next meeting ; I urge this because there will then be a proposition made with regard to future work.

Under these circumstances it would be well to enquire whether we are satisfied with what the Society has done during the last forty years, and if we are not, that we should enquire further and endeavour to arrive at some definite conclusion as to why greater success has not been achieved, in order that the errors of the past may be remedied when making a new start, and so better results be obtained. No one will deny the thoroughness and the value of the greater part of the work that has been done, especially in *Materia Medica*, but the quantity or amount of work accomplished has fallen far short of what was anticipated and of our requirements.

Now, as we are a very small body, and the workers who can be depended upon are necessarily very limited in number, I would suggest for consideration, whether too much was not originally attempted, both in the range of work, and the elaborateness and perfection of its character. For whilst it is well to have a wide field to suit a variety of workmen where there are many, and to aim at perfectness and completeness, the resources at our command should in a large measure regulate what is attempted. Here I think is one great reason why so little, comparatively speaking, has been done—viz., our strength was over-estimated, and too much was mapped out. Although I may be told that only two divisions have been taken up, a large amount of time and energy have been expended in various papers on the construction of the therapeutic part, which might and probably would have been given to the others.

Moreover, whilst mere slipshod, defective and ephemeral work is to be deprecated, it will be well to consider whether, with our limited number of workers, the aim at completeness has not been too high, and the design of the work been made too elaborate, more so, indeed, than is necessary ; whether, but for these causes much more might not have been done, and still have been worthy of the time and the men. My belief is that this is so, and if the therapeutic part is now to be taken up in earnest I think it would be well that it should be less elaborate as to details than either of the specimen chapters presented.

In conclusion I suggest that whatever part is taken up it should not be placed in the hands of a committee *to do it* except so far as to see that each division is given to *one man*,

who shall act as an editor and call in what assistance he may be able to obtain, and that funds be provided for the purpose, with the understanding that the work must be done well and with expedition—for if it is left to a democracy it will be a failure.

A. C. CLIFTON.

Northampton, August, 1888.

## NOTICES TO CORRESPONDENTS.

\*.\* *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. DUDGEON, Mr. KNOX SHAW (London); Dr. SHARP (Rugby); Dr. HAYWARD (Liverpool); Dr. CLIFTON (Northampton); Dr. PERCY WILDE (Bath); Dr. MASON (Leicester); Mr. MARTIN (Manchester); Dr. ROTH (Divonne les Bains) Dr. MURRAY MOORE (Auckland).

## BOOKS RECEIVED.

*Homœopathy in Venereal Disease.* By S. Yeldham, L.R.C.P., &c. Fourth edition, revised by H. Wheeler, L.R.C.P. London: E. Gould & Son, Moorgate Street, E.C.

*Oxygen in Therapeutics.* By C. E. Ehinger, M.D. Chicago: W. A. Chatterton & Co. 1887.

*The Homœopathic World.* August. London.

*The Hospital Gazette.* August. London.

*The Chemist and Druggist.* August. London.

*Burgoyne's Magazine of Pharmacy, &c.* August. London.

*The North American Journal of Homœopathy.* June and July. New York.

*The New York Medical Times.* August.

*The Medical Record.* August. New York.

*The New England Medical Gazette.* August. Boston.

*The Hahnemannian Monthly.* August. Philadelphia.

*The Homœopathic Recorder.* July. Philadelphia.

*The Medical Era.* August. Chicago.

*The Clinique.* July. Chicago.

*The Medical Advance.* July and August. Chicago.

*The Medical Counsellor.* June and July. Ann Arbor.

*The Californian Homœopath.* July. San Francisco.

*The Twenty-Second Annual Report of the Homœopathic Hospital,* Pittsburgh.

*Annual Announcement of the Pulse Medical College, Cincinnati.* 1888—9.

*Bibliothèque Homœopathique.* August. Paris.

*Revue Homœopathique Belge.* June. Brussels.

*La Union Homœopathique.* July. Antwerp.

*Allgemeine Hom. Zeitung.* August. Leipsic.

*Leipziger Populäre Zeitschrift für Homöopathie.* August. Leipsic.

*Zeitschrift für Homöopathische Thierheilkunde.* August. Leipsic.

*Rivista Omiopatica.* July. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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LIBERTY OF OPINION INDISPENSABLE TO  
TRUE PROGRESS IN MEDICAL SCIENCE.\*

By D. DYCE BROWN, M.A., M.D.

GENTLEMEN,—In welcoming you to our annual Congress, I must in the first place thank you for the honour you have done me in electing me your President for 1888.

There is a special fitness in our holding our meeting at Birmingham. Not only is Birmingham one of the most important and influential cities in the Empire—a city whose name and position are known all over the world for its enormous trade—but it is pre-eminently the centre of liberal and advanced opinions alike in politics and every other sphere, including, I am glad to be able to add, medicine. The reputation of the Birmingham people for independence of character and of judgment, and for intellectual superiority, is too well known to require any testimony from me, while they are equally famed for large-hearted hospitality. To this latter fact it gives me very great pleasure to bear witness. I shall never forget the kindness I received in this town twenty-four years ago, when I held the

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\* The Presidential Address delivered at the British Homœopathic Congress, held at Birmingham, Sept. 20th, 1888.

post of Resident Accoucheur to the General Dispensary for a year, before this department of the Institution was amalgamated with the Lying-In Hospital. Owing to the kindness and hospitality I then received, I reckon that year as one of the happiest in my life. If I may be allowed to name one other personal matter which always has left a warm corner in my heart for the Midlands, it is that here I imbibed my first correct ideas of homœopathy. Till I had the pleasure of knowing my friend Dr. Wynne Thomas, who was then Surgeon to the South Staffordshire General Hospital, Wolverhampton, of which I was Junior House Surgeon the year before I came to Birmingham, I was filled with the usual notion the young doctor has imbibed from his teachers at the University, that homœopathy is quackery and nonsense. My eyes were first opened on this subject by talks with Dr. Wynne Thomas, who was then feeling his way to the new practice; and the beauty and simplicity of the law of similars, when properly explained, were attractive to a young man, fond of his profession and anxious to learn and know all that might be for the welfare of his patients. On coming to Birmingham, under Dr. Gibbs Blake's kind guidance, I saw some practice, sufficient to show me that the law, so beautiful and simple, was in practice most successful, and the seed thus sown has developed into my having the honour of being elected to the proud position of being your President in this very town. I hope you will pardon these egotistical reminiscences, but I could not resist the gratification of making them.

But there is another and chiefer reason why there is a special fitness in our meeting in Birmingham, and in one of the halls of the Midland Medical Institute. The Institute is associated with one of the most important events, one having far reaching consequences, in the history of homœopathy in England, and of liberty of opinion in medical science. In recalling the events of 1875, just thirteen years ago, I must not be misunderstood as delighting to rake up old sores, and seeming to be triumphing over past successes. I should be the last to say anything which would seem to savour of this spirit. But it is not only justifiable but right, that, as it is now-a-days so common to celebrate important events by anniversaries, centenaries, or ter-centenaries,



we should now and again review our history, that of a body of the medical profession struggling to promulgate a new truth and a new system of medicine, and obliged to maintain a militant attitude owing to the treatment accorded to us by the old school. We need not apologise for recalling epoch-marking events, especially when our meeting here and in this town cannot fail to call them to our minds. Those of our *confrères* practising in the Midlands are sufficiently familiar with the events I allude to, but many others, especially the younger members of our fraternity, may have forgotten them. The two main features of 1875, as relating to us, are the Catholic feeling displayed in the admission of homœopaths as original members of the then newly formed Midland Medical Institute, and what is, if anything, more important and curious to record, the subsidence on the part of the medical papers, and of the majority of the old school, from the high and dry position of opposition to homœopathy, on the ground of its being false, opposed to science, and, in fact, quackery, and of its practitioners being fools, or knaves, or both, down to the comparatively humble-pie position of objecting to associate with us on the ground that, in allowing ourselves to be called homœopaths, we adopt a sectarian attitude and "separate ourselves from the body of the profession." When it was first proposed to start the Midland Medical Institute in 1875 as a professional centre for meetings, for forming a large medical library, and for scientific work, subscriptions were accepted from several of the leading Birmingham homœopathic practitioners. This step, which constituted these gentlemen *ipso facto* members of the Institute, roused up the "old man" in the breast of certain of the old school doctors, with Mr. Oliver Pemberton as their champion. This gentleman moved at the next meeting "that the names of ———, being professed homœopaths, be excepted from the list of members to be elected this day." This resolution was lost by a majority of 16 to 6. Mr. Pemberton then wrote to the *Lancet* anent his grievance, saying, "I accuse the promoters of the Institute of endeavouring to thrust into association with the *medical profession* (?) individuals whose 'candour' in obtaining their degrees, whilst it endangers their claims to social, absolutely destroys the possibility of their admission to

any professional intercourse. I deeply regret that an undertaking so happy in its origin and so auspicious in the way should, as it grew into life, have had its future marred by these transactions." You will observe the charge of dishonesty in these sentences.

This position was backed up by all the medical papers, as a matter of course. But to the credit of the profession in Birmingham, Mr. Oliver Pemberton was allowed to stand almost alone in his intolerance. As the editor of the Birmingham *Daily Mail* said, "Perhaps the most cutting argument against Mr. Pemberton's intolerance is that he stands almost alone." All the leading physicians and surgeons of Birmingham spoke out, and wrote to the medical and local papers, in words of no uncertain sound, in protest against this intolerant persecution of homœopaths, while all the local newspapers took up the cudgels hotly on the side of the homœopaths. The result was a complete defeat of the small Pemberton party of narrow bigotry. No doubt the respect in which Dr. Gibbs Blake, Dr. Wynne Thomas, Dr. Madden and others as gentlemen and practitioners were held, helped much to influence the tide of opinion, but it is important to note that the victory was not obtained for homœopathy as homœopathy, but on the far broader basis of entire freedom of opinion and of practice. This is the true and firm basis on which to fight a battle of this sort. Homœopaths are the living incarnation of the principle of protest against any fetters which will hamper absolute freedom of thought and of action in treating a patient in the way that the practitioner *knows* to be best. And the fact of the battle having been fought on this broad basis makes the result almost more important for the profession at large than if a few men, who were much respected, had been admitted as members of the institution on the ground of personal respect and qualification. The admission of the truth of homœopathy will come sooner or later, but the first step towards it is the concession of the principle of freedom of opinion, and full liberty to express such opinions without persecution. As a sample of the tone of the Birmingham papers, I may quote the following from the *Daily Mail*: "If there is one thing more than another which disgusts an impartial observer in a controversy of this nature it is the arrogant pretension of perfection

assumed by one side. Allopathy is assumed to be 'legitimate medicine,' homœopathy a kind of semi-scientific charlatanry. This comes with especial grace from a body which, hardly a generation since, cupped, and bled, and purged, and salivated their patients to death by the thousand. Medicine, like all other sciences, is constantly growing. There is as much difference between the allopaths of to-day and the doctors of the last century as there is between the modern homœopath and Hahnemann. And yet the homœopath is taunted with departing from some of the principles laid down by the founder of his system. With just as much sense might Mr. Pemberton be taunted for not performing the slashing surgery and using the drastic measures of his medical ancestors. Perhaps the most cutting argument against Mr. Pemberton's intolerance is that he stands almost alone. The most eminent local practitioners are ranged on the side of liberality. Mr. Pemberton cherishes with youthful enthusiasm the bitterness of thirty years ago. It is time that the miserable professional exclusiveness which regards a homœopath as a leper should be abolished. We are glad to see that the Medical Institute has begun its career on a broad and enlightened basis. By enrolling homœopaths among its list of members it is not committed in the slightest degree to their teachings. It recognises them as medical practitioners, no doubt; and so does the law recognise them; and if the law allows a man to practise, we do not see what right Mr. Pemberton has to seek to deprive him of the social advantages which his legal position ought to ensure. The homœopaths are no longer Ishmaelites. Their system may be wrong, but right or wrong it is growing. The men who practise it are legally qualified healers, who conscientiously believe theirs to be the best way to alleviate suffering and save life. It would have been a monstrous piece of narrowness and injustice if the attempt of the anti-homœopathic party had prevailed in the new Medical Institute—whose success depends so largely on an enlightened and liberal policy." I cannot refrain also, gentlemen, from quoting in full a letter from Mr. Lawson Tait to the *Birmingham Daily Post*, as one which does Mr. Tait honour, and is a sample of the broad liberal spirit shown by many of our brethren of the old school at that date.

" Sir,—Mr. Pemberton must have credit from every one for the persistency and candour with which he has stated his views on this subject, and I trust that he will courteously forbear with one so much his junior, when I indicate some points in which I differ from him entirely, and when I detail the reasons for those differences.

" First of all, I do not agree with him that this is a question exclusively for the medical press. It is a matter of grave public policy, on which other papers than the *Lancet* have a right to express an opinion. The orthodox medical papers are closed, practically, to the opposition, as Dr. Madden has stated, though for the present issue that is not a matter of much moment. But chiefly, the question is, in greatest part, a local one, and granting any amount of difference we may have with the homœopaths, we need not raise those issues here, for we have differences with one another which, in the majority of cases, are quite as great. For these reasons I send this letter to the *Post* instead of to the *Lancet*.

" Mr. Pemberton seems to have taken it for granted that he was at liberty to divulge what took place at the meeting of committee at which the election of the homœopathic practitioners was carried. The proceedings there he has only partially narrated, and did I consider myself at liberty to do as he has done in this matter, I might very trenchantly dispose of some of his arguments. More than this I shall not say, that the names of the majority (sixteen to six) would be the best guarantee that there was no party or clique in the matter; still more, that there was, and could be, no foregone conclusion beyond that of individual conviction. And if it were otherwise, then the independent member so often alluded to by Mr. Pemberton must be more of a clairvoyant than he gets credit for.

" The difference between Mr. Pemberton and myself on this matter is due chiefly to the difference of a generation. Mr. Pemberton remembers the original quarrel; I knew it only after it was all over, and after the re-action and regret had set in. In Edinburgh the contest was fierce and furious, and it ended in the special persecution of one of the best and most honourable men, and one of the soundest physicians who ever lived—the late Professor Henderson. Of course the chief persecutor was the man who knew least and cared least about the real bearings of the case; but he had constituted himself an amateur medical policeman, and he "ran in" all sorts of people for all sorts of things. In fact, there never was a medical row in Edinburgh in which Mr. Syme had not a part. They are all dead now; but to me it was on one occasion a task of the most pleasant kind to be partly instrumental in

securing a reconciliation between the persecuted and one of the persecutors; and I shall never forget the expression of bitter regret that fell from that great man, that he had ever taken part in the absurd quarrel.

“The lesson was a good one, and it taught me never to lend myself to anything that might even seem to be a want of toleration for the honest convictions of other people. The bitterness of the dispute is over, and those of us who did not share in it, have no wish to have it fought over again. I can quite understand, however, that there may exist some in whom the old quarrel is still rife.

“A very trenchant argument against Mr. Pemberton's position is stated in Dr. Madden's letter, which not only disposes of the constantly repeated statement, that homœopaths get their qualifications by dishonest truculence, but also of one of the positions taken by the minority, who wished to exclude them from the Medical Institute. The law, which is always jealous of the tyranny of the majority, wisely took care that its acts should not be made the basis of any medical orthodoxy. The framers of the articles of incorporation of the Birmingham Medical Institute took an equally wise care that heterodoxy should form no basis for exclusion from its membership, and it wants no great acumen to see that according to these articles we have no legal right to exclude any legally qualified practitioner.

“But I go further, and say that if we even had a legal power of excluding them, we had no moral right to do so. This is no place to open up either the old differences between allopath and homœopath, or the progressive assimilation of the two. Let those differences be what they may, we surely must claim honesty for both, and scout the man who would deny it to either. Then, I say, that no tribunal has yet been constituted which is competent to give judgment between the sects, for human knowledge is still neither sufficiently comprehensive nor precise enough to weigh scientifically the matters in dispute, and mere authority can have but little weight. It is this *argumentum ex auctoritate*—this last subterfuge of the sciolist—that has been at the bottom of all persecution, and it has stood long enough as the chief obstacle in the way of human progress.

“Now-a-days we are all ranging ourselves under the banner of eclecticism—that is, we take advantage of every fact, experience and scrap of information placed at our disposal, no matter from what source, and do our best for our patients. This leads me to say that there are two words in Mr. Pemberton's first letter, on which his position may at once be disputed. They are ‘our science.’ I do not know on what

ground he can claim a right to use the term, and at the same time deny it to the sect he so strongly deprecates. In mere therapeutics there is but very little that has arrived at a scientific accuracy, and scarce half a dozen drugs concerning whose nature and action we are tolerably agreed. The most favourite and firmly established beliefs of our fathers have been rudely shaken by the finger of science, in medicine as in other things. We smile now at the old schoolmen who seriously argued as to the number of angels who could dance on the point of a needle, but we may in turn be smiled at for something almost as absurd. All positive knowledge which we possess in medicine is limited to fields which are as common to the homœopath as they are to us ; and it is clear therefore that in this stupid schism we are only following the example of the theologians who are always most positive and most quarrelsome on those subjects regarding which they have the least positive information. In days gone by, this spirit ruled humanity so completely that we used to burn those who did not share our ignorance, and the tendency to persecute would seem scarcely yet to have died out, for it crops up in all regions where exact knowledge is deficient. But neither persecution nor exclusion will advance knowledge, nor will they cloak ignorance. Therefore I protest against this attempt to excite one of the worst feelings of our nature by holding up a rag which was red thirty years ago, but which has now lost all its colour.

“ We have admitted a small body of gentlemen to a public institution, from which we have neither legal or moral right to exclude them. They are men whom we individually respect, whose honesty we have no right to impugn, and whose difference from ourselves on questions where there is no certainty we ought to treat with the utmost toleration.

“ The action of the past in this matter has been a huge blunder, and the day is not far distant when the Birmingham Midland Institute will be credited with the honour of having introduced a much needed reform, and of having been the first institution to rectify an injustice.”

Lastly, let me remind you of the concluding sentence in a speech of Dr. Heslop's. “ Many additions to their knowledge were being made, and the ultimate result would probably be not only the adoption of new remedial agents and the abandonment of old ones, but the discovery of general therapeutical laws. Were they to be told to-day, in that great town, in the present state of medical science, to put their fist in the face of gentlemen differing from them on these matters, and



whose judgment might in some years' time, with their own, be entirely changed? For any man who knew anything whatever of the present state of therapeutics to dare to say that all was right which they professed, and all was wrong which the homœopaths professed, was an act of audacity which could only be excused by ignorance. He could not meet these gentlemen in the treatment of a case, inasmuch as they had one opinion in the main, and he had another; at any rate as he at present viewed the matter. But that was no reason why he should show the slightest intolerance to men as competent as he was, who might turn out to be more true than he was, and who were certainly as honest as he was. Under these circumstances he asked the meeting with confidence to brush from their minds all those trumpery disputes. He asked them to tolerate those gentlemen, whether they agreed with them or not, to say that day that that Institute should be open to those gentlemen in spite of their differences of opinion. He asked them to add another page to the history of toleration—another record to the already honourable records of this famous town. He besought them to be true, not to the worst, but to the best traditions of their honourable calling."

Gentlemen, in recalling these events, these manly and liberal speeches and letters, and the independent and liberal views of the local papers, I feel that I am bringing to your remembrance one of the most honourable records of this great town, and of the profession of medicine, while to us as homœopaths the whole constitutes one of the most interesting and important events in the annals of our therapeutic reform in England. But, gentlemen, I have yet to touch on the most amusing, albeit exceeding important and far-reaching, *denouement* of this controversy. We have seen that Mr. Pemberton began by impugning the honesty of homœopaths, deeming that their "social claims" were thus "endangered," and that it "absolutely destroyed the possibility of their admission to professional intercourse," while farther on he speaks of them as "the pretenders of science," and he calls on "all those who honour the medical calling" to support him. The *Lancet* backed him up with a reiteration of all that abuse with which it was in the habit of bedaubing the new system of medicine. Thus (p. 283) it says, editorially:



“We have again and again expressed our strong conviction that those who profess homœopathy have, *ipso facto*, forfeited their claims to be regarded as practitioners of legitimate medicine.” Again (p. 349), “our opinion of homœopathy has not changed, and we distinctly maintain that it is morally impossible (*sic*) for the practitioners of rational medicine to hold any professional relations with professed homœopaths. The question in the present case is not a social one, as some have attempted to make it; it is not even a question of medical science, but purely a matter of professional ethics. The social position, the acknowledged integrity and uprightness of the gentlemen whose admission as members to the Institute has caused the present discussion, must not allow us to lose sight of the real question at issue. *Our position is that homœopathy is a system which has no scientific basis; that the theory of infinitesimal doses is an insult to common sense; and that the doctrine of similia similibus curantur has no foundation in fact.*” (The italics are mine). Here then, you will observe, that although the editor states that it is not a question of medical science, he clearly makes it one, the question of professional ethics being made to turn on the “question of medical science.” Once more (p. 377) the editor proceeds: “Two years ago, in an address to students, we characterised homœopathy as a system founded in deceit, built up in ignorance, and supported by credulity. . . . The opinion we expressed at that time remains unaltered, and in justifying the allegations we then made, we hope to show that homœopathy is a system that is not entitled to toleration, much less to confidence and respect.” In the same article, a little further on, he speaks of the great Hahnemann as “this impudent charlatan.” With such strongly, nay, violently expressed views that homœopathy is an utterly scientifically-abominable heresy, what was our amazement and amusement to find in the *very next* number of the *Lancet* a copy of a circular which Mr. Pemberton had issued to 1,400 practitioners residing within 50 miles of Birmingham. I presume that Mr. Pemberton and the *Lancet* deemed that, after the tone of the Birmingham press and the bold front assumed by the leading Birmingham doctors,

their tactics to be successful must be altered. This is the circular sent out:—"Having considered the objects contemplated in the foundation of the Birmingham Medical Institution, I, the undersigned, am of opinion that all those practising as professed homœopaths, however legally qualified, should not be elected members so long as they assume a mode of *practice* and maintain a *name* calculated to mark them from the general body of the profession." The editor of the *Lancet* evidently considered this a "happy thought" of Mr. Pemberton's, and an excellent way of backing out of what had become an untenable position, for he adds as a comment: "Mr. Pemberton has in the wording of this declaration exactly hit the mark. The whole dispute turns upon the assumption by the homœopaths of a name that is 'calculated to mark them from the general body of the profession.'"

You will here observe that the *Lancet* takes advantage of Mr. Pemberton's "happy thought," and ignores his objection to the practice, making the whole issue turn upon the *name*; and once more (p. 485), in another editorial, the *Lancet* says: "His (Mr. Pemberton's) demand was reasonable, and should have been granted without hesitation. All that he asked was that medical practitioners should not be admitted members of the Institute so long as they assume a mode of practice and maintain a name calculated to mark them from the general body of the profession;" but the editor adds, again ignoring the question of practice, "If homœopaths generally would come forward and publicly renounce the name of homœopath, matters would be very different." The editor repeats (p. 416), "The question is, as we have already stated, one of professional ethics." But this time you will observe the ground of the ethical difficulty is no longer the deceit, the ignorance, the credulity, the charlatanry, the insult to common sense, the absence of foundation in fact of the law of similars. Oh, no! this is all quietly set aside; the lofty position of quasi-scientific arrogance is dropped, and for the first time in the history of homœopathy, we are told that it is all a question of the name, which, we are informed, is "calculated," forsooth, to mark us from the general body of the profession. We are told that our sole offence is one of ethics, and that the only objection to us is that we are sectarian, and that if we drop the name,

'matters would be different.' This was an astounding change of front in one week's time. The abuse and insult of years is calmly set aside in a week's time, and the infinitely petty objection of the name is what makes professional intercourse with us "morally impossible," to use the *Lancet's* phrase. What is more, the old school at large agreed with the *Lancet* in thinking Mr. Pemberton's idea a "happy thought," and an excellent way of getting out of a position they were no longer able to maintain. For ever since this eventful year of 1875, the old abuse has been almost entirely dropped, except when such writers as our friends "R. B. C." and "J. C. B.," of the *Times* celebrity, can no longer restrain their feelings. Since the days of the works of Ringer, Phillips, Bartholow and Lauder Brunton, and since the commencement of the constantly increasing adoption of remedies which, till lately, were unknown except in homœopathic books and practice—these remedies being given in accordance with their homœopathic indications, and in minute doses—the old-school, wishing to avoid eating the leek as far as possible, seemed only too glad of this paltry sectarian cry, and we are assured on all sides that we have only to drop the name, practise as we like, and all will be well. We are, on these terms, to be patronised, and received back, forsooth, into the common fold! Students nowadays, who are known to have heretical leanings, are not sent to Coventry, they are, on the contrary, told to do as they like, but not on any account to allow themselves to be called homœopaths. And Dr. Lauder Brunton is good enough to offer a salve to the conscience of all such, by saying that, "because a drug cures in small doses symptoms similar to those it produces in large doses, that does not constitute it a homœopathic remedy." In our innocence, we were under the impression that it did, but Dr. Brunton is careful not to say what does constitute a drug a homœopathic remedy.

Only six weeks ago, the *Lancet* announced that the Board of Censors of the College of Physicians were endeavouring to put in force the resolution passed by the College in 1881, and were "sitting upon" "certain leading Fellows of the College—gentlemen who have held some of its highest offices," for what? For the heinous offence of consulting with a presumed homœopath. The resolution referred to deserves to be widely known as a

sample of the trades-union tactics. It is as follows: "While the College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine, it nevertheless thinks it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations." Here is the same game. Avoid the name, and you will not be "fettered" in your "opinions," or in "any theories you may see fit to adopt in the practice of medicine." The scientific aspect of the question has suddenly become of no consequence.

But, gentlemen, this bugbear of the name is a foolish one, and savours of red-herring tactics. Things that differ must have names to distinguish them from each other. The practice of a homœopath, being based on a definite law or rule, must be entirely different from that of a practitioner who is ignorant of, or will not recognise any other mode of procedure than that of empiricism. And the difference *must* be known by a word. Call the one A. and the other B., if you like, or as Lord Grimthorpe has it, A. and H. But no word has ever been suggested better than "homœopathy" to express what is intended, and it will be used to the end of the chapter. A patient who has seen the benefit of homœopathic treatment, and wishes to be so treated, comes to me, and to make sure of his ground, asks, before beginning the consultation, "Are you a homœopath?" Only one answer can be given, "Yes." The existence of the name depends entirely on the attitude of the old school. As long as they maintain their present attitude of opposition and cold-shoulderism the name *must* continue; but as soon as they fully and openly recognise the truth of our law and the correctness and utility of our mode of practice—as soon as homœopathy becomes the practice of the majority—then the name will cease, as being no longer necessary. The two opposing schools will become one, and distinguishing names will cease, except

for historical reference ; but not till then. No action of ours will cause the name to be dropped. Were we foolish enough to attempt it to please the old school, the public would use the name, and the old school themselves would use it in speaking of us, and laugh in their sleeves at our weak-kneed folly in playing into their hands.

But, gentlemen, we do not intend to cease using the word homœopathy. We do not retain it for the insulting reason that some of the old-school papers suggest, that we find it suit our pockets to do so, and that we "trade" upon it. A thousand times *no*. But the name has come to be an honourable one—a name that implies that we are determined to have freedom of thought, and that we have in our custody the greatest law of therapeutics ever discovered, with a practice based upon it which has been fraught with the most beneficent results to the human race, and one which has not only influenced the practice of the old school, but has so revolutionised it that the practice of to-day has, through the influence of homœopathy, become as different from what it was fifty years ago as light is from darkness. Shall we, therefore, listen to the blandishments of our opponents, and to please them, calmly sink the name that means so much, and which is so honourable? No. Never till it has been rendered unnecessary by homœopathy becoming the universal practice.

In holding to this position we are not sectarian, we are fighting for the very principle of freedom of thought and of opinion which was so ably advocated by the Birmingham doctors in 1875. We do not desire to be out of the general fold of the profession, and we are ready to unite with our brethren as soon as our terms are granted. It is they who keep us outside in what they are pleased to call a sectarian position. They are the sectarians, who, with no principle of union of practice amongst themselves, exclude from their societies, &c., those who conscientiously differ from them in practice, and whose practice has been based on the great law enunciated by Hahnemann nearly a century ago, and built up by the experience of tens of thousands of practitioners from that day until now ; while they themselves, who call us sectarians for making known

and acting upon our conscientious beliefs, have a record of ever-changing fashions in practice, the result of constant change in theoretical views. Were there a definite standard of faith and practice in the old school, which could be referred to as a sort of medical Bible, matters would be different. But in the conspicuous absence of any therapeutical guide but that of empiricism, which means the absence of any therapeutical rule at all, it is preposterous to take such a lofty but really essentially sectarian position and calmly charge us with being the sectarians. Union and uniformity are very different things. Absolute uniformity in detail will probably never be attained, and cannot, I may say, be attained except in an exact science like mathematics. Union may and will be accomplished, but only on the basis of perfect freedom of opinion, and of unfettered expression of that opinion.

Gentlemen, if I am not wearying you, I should like to take a further glance at our position in 1888, and at the medical events that bear upon it, which have occurred since we met last year in Liverpool. First in importance comes the "Odium Medicum" controversy, which appeared in the *Times* in the early part of the present year, the result of which has been the material strengthening of our position both with the public and the profession. Although most of those here present are familiar with the origin and details of this discussion, yet I think I ought, for the sake of those who are not so, to give a short sketch of it. Last year several vacancies occurred on the medical staff of the Margaret Street Hospital for Diseases of the Chest, owing to the resignation of the majority of the staff. This wholesale resignation was due to the fact that two of the physicians had become converts to homœopathy, and prescribed for their patients in the hospital according to their convictions. The allopathic mind could not tolerate this, and after unsuccessfully attempting to oust these two gentlemen from their posts, the rest of the staff, with one honourable exception, resorted to the time-honoured trick of threatening to resign in a body in order to put the managers in a difficulty. These tactics on similar occasions before this used to be backed up by the medical papers, and the trades union threatened to "ratten" anyone who would venture to



fill the vacant posts. This time the *ruse* failed. Such is the progress of our cause that the medical papers took very little notice of the whole business, and the gentlemen who played their trump card of resignation in a body, found to their disgust that their resignations were quietly accepted, and the vacancies advertised. For the post of surgeon Mr. Kenneth Millican, an allopath, but a man of liberal ideas similar to those of the Birmingham doctors of 1875, applied and was appointed. Mr. Millican had, however, previously been appointed one of the surgeons to the Queen's Jubilee Hospital. The managers of this latter institution came to the resolution to oust Mr. Millican from his post on their staff, as, though they had not a word to say against him, they deemed it ruinous to their "ethical" position, and to the "ethical" position of the hospital, to have a surgeon on *their* staff who belonged also to the staff of another hospital where two of his colleagues were allowed to practise homœopathically. He was requested to resign, refused, and was, to make a long story short, turned out. Mr. Millican, wishing to test the legality of such a proceeding, and to make a public example of such bigotry, raised an action at law. The result of this action was a victory for Mr. Millican, the judge (Mr. Justice Manisty) commenting severely on the conduct of the Board of Management. The Board, however, appealed to the higher court, and on a technical flaw the appeal judges reversed the first finding, without going into the merits of the question. Afraid that, with the silence of the medical papers on the subject, this important case might be unnoticed by the public—at least in its serious bearings on the profession and on public interests—Lord Grimthorpe, in an able letter to the *Times*, pointed out the importance of the question at issue, and stated that the "odium medicum," in regard to homœopathy and liberty of opinion, was carried to a length that the public had no idea of, and to which the "odium theologicum" at the present day was as nothing. This bait took. Two champions of the old-school, "R. B. C." and "J. C. B.," who are said to be respectively Mr. Robert Brudenell Carter, the ordinary medical referee to the *Times*, and Sir James Crichton Browne, replied. On the same day as their letters were published, a leader appeared in the *Times* introducing the controversy, written in a remarkably fair



spirit, and stating with fair accuracy the homœopathic position. This was a new departure on the part of the *Times*, and is another evidence of the steady progress of our cause, and the increasing respect it obtains among thoughtful men who watch the "signs of the times." Up till this date, the *Times* had never a good word to say of homœopathy; it was, indeed, supposed to be a decided enemy to our views. These letters of "R. B. C." and "J. C. B." were replied to by several members of our school, and the controversy on both sides lasted for several weeks. At last, the *Times* concluded by a leading article, summing up the whole controversy, and I prefer to quote this article, with its judicial verdict, rather than to characterise in my own words the spirit and arguments of our opponents' communications, or of those on our side. Besides, coming from such an authoritative and influential source, The *Times* article becomes an *event* in the history and progress of homœopathy. I make no apology, therefore, in reading it to you entire:—

"Lord Grimthorpe must be highly delighted with the results of the discussion he started in our columns. In the first place, it has been a very lively one, and he loves animation. In the second, it has excited an immense amount of public interest which, we presume, is a gratifying circumstance. We have given what will be admitted to be a liberal allowance of space to the correspondence, but the letters we have been able to insert represent a mere fraction of the number we have received from all sorts and conditions of men. In the third place, Lord Grimthorpe has the satisfaction of reflecting that he has been entirely successful in establishing his original contention. So wide is the field over which the discussion has travelled, that it is perhaps necessary to remind the public what the original contention was. It was simply that an *odium medicum* exists, exactly analogous to the *odium theologicum* of a less enlightened age, and no wit less capable of blinding men otherwise honest and kind-hearted to the most elementary conceptions of candour and justice. The contention has been proved not so much by what Lord Grimthorpe has directly advanced as by the revelations of temper and mental attitude made by those who took up the cudgels on behalf of the orthodox profession. There have been one or two verbal denials of the existence of this *odium*, always accompanied, however, by an expression of contempt which comes in practice to much the same thing. But the strength of Lord Grimthorpe's case lies in the fact that whole columns have been filled with contentions which

have no point or meaning except to justify the hatred that is verbally denied. Homœopaths are fools if they believe and practice what they profess, and knaves if they do not ; therefore we are justified, and indeed bound, by the lofty considerations which alone influence professional action to hate and despise them in either case—is a fair and accurate summary of the attitude assumed by orthodox champions at the opening of the discussion, and maintained with unswerving consistency up to the present moment. But that is the precise attitude which Lord Grimthorpe intended to describe by the phrase *odium medicum*, and, therefore, out of all the confused discursiveness of the controversy emerges the fact that he has amply justified his main and original statement.

“ We do not know exactly what end our orthodox correspondents have proposed to themselves, consequently it might be unscientific on our part to express any positive opinion upon their mode of conducting the controversy. If, they wrote merely to relieve their feelings and comfort those who already agree with them, they probably have every reason to look complacently upon their own performances. But if they either desired to convince homœopaths of the greatness of their delusion or sought to enlist the sympathy and command the confidence of the lay public, we are quite sure that they have made an egregious mistake. At an early stage of the controversy we tried to hint as much to our professional advisers and guides. We pointed out that it is a mistake to fling charges of knavery and folly either alternatively or cumulatively at men taught by the same teachers, trained at the same schools, and declared qualified practitioners of medicine by the same authorities as themselves. To call a man a fool who holds exactly the same diploma as the men who abuse him merely because he differs upon some medical subtlety which laymen are told they cannot form an opinion about, has the effect of filling the lay mind with distrust of the very certificates upon the strength of which the doctors challenge our confidence. If one M.D. duly licensed by an orthodox faculty can be such a fool and as nearly a criminal lunatic as his brethren make him out, poor laymen cannot but feel that there may be other wolves in sheep's clothing passed by the same authorities, and all the more to be dreaded because they carry no distinctive badge. When doctors are denounced as knaves whom laymen have known all their lives, and who, in all the ordinary relations of life, behave with quite average common sense and integrity, it becomes rather difficult to repose implicit confidence in some practitioner whom we know by name, merely because he professes utter disbelief in the efficacy of decillionths. When our orthodox friends descend in their wrath to the practice

of the tenth rate politician, and pick up any bit of malicious gossip second or third hand—the chatter of a discarded servant or the loose statements of an anonymous but necessarily interested druggist—it is hard for the ordinary layman, who does not readily rise to their temperature, to feel very deeply convinced of the sobriety, and trustworthiness of their judgment. We poor laymen are painfully aware of our natural deficiencies, and, if we were not, we have been reminded of them both forcibly and frequently. Some laymen have taken part in this controversy, and have shown what seemed to other laymen a certain degree of knowledge. But they have been summarily dismissed as persons destitute of qualification for discussing these high matters and all of us have been admonished that our only safety lies in choosing a good doctor and placing ourselves unreservedly in his hands. It is clear that we cannot choose him on medical grounds because we are unfit to understand them. Our intelligence has, indeed, been flattered at great length by the assumption that we are competent to pronounce infinitesimal doses absurd, but then other things have been mentioned which look quite as absurd to the lay mind, and which we have to accept as the infallible conclusions of science. No guide remains for us except common-sense operating upon considerations such as we are familiar with in our ordinary affairs. Consequently, a real injury has been inflicted upon us by those orthodox practitioners who have so conducted this controversy as to arouse in every unprejudiced lay mind the horrible doubts to which we have just referred.

“When we last wrote upon this subject, it was already evident that the controversy covered a much wider field than that of Lord Grimthorpe’s first letter. It has become a dispute between two systems or schools of medicine. Being only laymen, we are of course incompetent to hold a rational opinion upon such a subject, but it was open to us to endeavour to get the controversy conducted in accordance with the general rule that disputants ought to deal with the arguments that prejudice or ignorance may suggest. We accordingly took some pains to ascertain and set forth the homœopathic position as stated by homœopaths themselves, and we were afterwards encouraged to believe that we have done so with—for laymen—tolerable exactitude. It ought not to have been necessary, because every orthodox practitioner ought to know the best as well as the worst of homœopathy, and every orthodox controversialist ought to be ready to state his opponent’s position accurately and fairly. It was necessary, however, and we did it, but without the slightest effect. Orthodox writers went on through column after column blazing away at what is non-

essential, accidental and extrinsic, while the essential points upon which the whole argument turns were left untouched. What disquisitions we have had about decillionths, and how utterly irrelevant they are when homœopaths maintain that dose is a mere affair of experience, and that the essence of their system is a rule of drug selection based upon observation of the effects of drugs upon the healthy body! Their rule may be rotten and worthless, but we can never advance one step towards proof of that fact by losing ourselves in calculations concerning the space that a decillion of grains would occupy. A correspondent tells us to-day that the cases in which like seems to cure like can be explained upon some other hypothesis, which he does not mention. But that is not the point. Homœopaths do not offer any explanation or hypothesis. What they say is that the rule leads them to the choice of the right drug for a given case, and if that is so it does not greatly matter, although what they call likes are really wide as the poles asunder. The same correspondent tells us that infinitesimal doses have no effect upon a man in health and therefore can have none in disease. Here he rather trenches upon the domain where even a layman can check him. When a layman has an inflamed eye, he finds that it will not bear the ordinary daylight in which he rejoices when his eye is well. When his nervous system is out of gear, he is driven nearly mad by noises which do not affect him in health. When he is recovering from an illness, his stomach will not bear the solid food he finds it necessary at other times. It follows that whatever is based upon our correspondent's *dictum* manifestly stands upon a quicksand. Another correspondent says to-day that if anybody likes to try the effect of one-millionth of a grain of *calomel* three times a day, he will find that it is unpleasantly potent even in health. The effects produced are the ordinary physiological effects of a dose of *calomel*, and the experiment may be tried by anybody in his own person. How much less than a millionth will do we cannot say, nor do we know whether the millionth would be more active in disease. These are matters of fact, and we mention them only to show that we laymen have not had that assistance from our orthodox friends which we might fairly have expected."

Such is the independent and judicial summary of the most influential paper in the world. Were the present year to present no other features of interest to us than this controversy, the year 1888 will be remembered as a red-letter year in our history and in that of liberty of opinion in medicine.

The "Homœopathic League" continues to do good

work. Twenty tracts have now been published, and the first eighteen of them are to be had in a bound-up volume. Although they are published without the name of the writer, that it might not be said that they were written for the professional advancement of any one man, it is an open secret that, with two exceptions, they are from the pen of our able and hard working friend Dr. Dudgeon. They are admirable tracts, and are being widely circulated and read. Everyone present at this meeting ought to become a member of the League, and be possessed of all the tracts. Although of the utmost value to medical enquirers into homœopathy, they are confessedly addressed to the public. Since the profession are so little open to any desire honestly and thoroughly to investigate the claims and practice of homœopathy, the years of appeal to the profession through our journals having been so comparatively unfruitful, the promoters of the League resolved to enlighten the public, whose interest it is to know the truth, who have a right to be considered, and for whom the medical profession exists. The old school seems to think that the public exists for the profession, and that they should be content thankfully to take what they can get from the profession. The League is of opinion that the public, besides taking what they can get, ought to get all that they can. The members of the League consist not only of doctors, but of a large number of laymen and women, and I would appeal to the public to become members, and so hasten on the work which is carried on for their good. When the public show a bold front and insist on having what they want, the profession must follow suit, and they will do so.

Next in importance comes the Lauder Brunton episode, or rather the third volume of it. It will be remembered that Dr. Nankivell, three years ago, in his presidential address at the Norwich Congress, pointed out the remarkable fact that in Dr. Lauder Brunton's newly published work on Pharmacology, a large and elaborate book, an *Index of Diseases*, and of the remedies recommended appeared in it, and that this index was full of homœopathic remedies with their homœopathic uses. The array of these was quite formidable. A second edition subsequently appeared, and the index was then

still unaltered, although Dr. Brunton, in his third edition, tells us he had seen Dr. Nankivell's address. Our quick-firing guns had, however, been set in motion, but not till a dynamite shell had been thrown in the shape of a letter from Dr. Dudgeon to the *Lancet* (which was, *mirabile dictu*, inserted in that periodical), was Dr. Lauder Brunton brought to bay. A third edition was at that time promised, and when it did appear a long preface was inserted, and in this preface Dr. Brunton displayed a remarkable cleverness in evading the real question at issue. Perhaps the most glaringly homœopathic remedy in the first two editions was *apis* for sore throat. This is, in the third edition, made the scape-goat, and we are told that "an amanuensis whom I employed to copy out a number of the drugs from Dr. Potter's book" (his indebtedness to Dr. Potter being now for the first time acknowledged), "has made a mistake in the column, and has taken *apis* as a remedy for tonsillitis from the homœopathic column." He then adds, "to the best of my knowledge this is the only remedy I have taken from a homœopathic source," and says that if any other occurs "I am sincerely sorry, and I can assure the homœopaths that it is perfectly unintentional." *Apis* is thus expurgated, in disgrace. But what of the other specially homœopathic remedies, and the remedies common to both Pharmacopœias which are recommended for their homœopathic uses? What of *bryonia*, *pulsatilla*, *cantharis* (in albuminuria and cystitis), *ignatia*, *veratrum album*, *cocculus*, *staphysagria*, *rhus*, *thuja*, *viola tricolor*, *mercurius corrosivus* (in dysenteric diarrhœa), *arsenic* (in irritative dyspepsia and cholera), and many others? These are left in as before, though arranged differently, but here is the explanation: "If any other remedies claimed as homœopathic (*sic*) have been introduced, they have, I think, been copied from the works of one or other of the authors already named" (Potter, Ringer, Phillips, Bartholow, &c.), "and in Dr. Phillips' work there are some remedies mentioned without references."

But does it not strike one as peculiar that Dr. Lauder Brunton should carelessly copy into his book remedies given by Dr. Phillips and others without any reference, as a very unusual thing indeed in works on *Materia Medica*? We are asked to believe that the Professor of *Materia Medica* and Therapeutics in one of the largest Metro-



politan medical schools, and examiner in *Materia Medica* to the Royal College of Physicians, was not aware that a number of remedies, not in the *British Pharmacopœia*, which have been in daily use by the homœopaths since the time of Hahnemann, and were to be found in all homœopathic works, including the *British Homœopathic Pharmacopœia*, were homœopathic, even though they should have been introduced within the last few years, without reference or acknowledgment, into the works just named. We are asked to believe that medicines, the very name of which used to be the signal for a jeer, were unknown to Dr. Brunton as homœopathic remedies. His reply to this is simply that they have been copied from Ringer, Phillips, Potter, Bartholow, &c., when every one knows the sources of inspiration of these authors. And in case this should not quite satisfy the candid reader, Dr. Brunton goes on to make the astounding statement that "the mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug does not constitute it a homœopathic medicine." And why? "For this rule was known to Hippocrates, and the rule of *similia similibus curantur* was recognised by him as true in some instances." Comment, gentlemen, on this straightforward mode of dealing with the question is needless. I can only say that if students want to know something of homœopathic remedies and their uses, and of the homœopathic uses of medicines which are common to the two *Pharmacopœias*, they will find a good deal in Dr. Lauder Brunton's *Index*, and I would only advise them to supplement such information by a study of Dr. Hughes' *Pharmacodynamics*, where they will not only find full detail, but will gain a knowledge of the principle on which alone the therapeutical action of these drugs is explainable. But the very fact of Dr. Brunton's *Index* remaining as it does in the third edition, is a remarkable indication of the progress of our cause in spite of the trammels on liberty of opinion.

But some one may ask, before leaving this subject, "Who is Dr. Potter, upon whom Dr. Lauder Brunton's amanuensis has laid such heavy contributions, and to whom Dr. Brunton himself acknowledges his indebtedness, for the first time, in his third edition?" He is an American doctor, who wishing to back up



his friends in England, wrote to the *Lancet*, "I never was in practice as a homœopath. I abandoned homœopathy before entering into practice." This looks like a safe man to quote from, especially as he adds "About the time when I had decided to abandon the *Hahnemaniac* philosophy, I had the pleasure of entering into some literary correspondence with Dr. Roberts Bartholow, and yielding to his urgent advice I entered Jefferson Medical College. . . . Since my graduation from that school I have had no association or connection with homœopathy." Would Dr. Lauder Brunton and the *Lancet* be interested to hear a portion of their friend's literary correspondence with Dr. Bartholow? It is published in the *St. Louis Clinical Review* for 1878, as an "open letter," and is signed with his title of M.D. "My dear Professor,—When your valuable text book first made its appearance (1876) I bought it, and have studied it carefully and systematically, in order to ascertain if modern research has found any straight or sure path through the hitherto tangled maze of therapeutical science. I had read the strictures of the most eminent men in the profession on its scientific value, and, though partially committed to the doctrines of similia, small doses, and the single remedy, I could not make up my mind to fully accept the homœopathic doctrine (or any other) as the guide of my professional career. But out of this condition of doubt and irresolution I came forth, after a careful perusal of your book—and it would be ungrateful in me if I did not acknowledge the debt, and wrong if I neglected to point out to others one of the means whereby the darkness was dispelled—and my therapeutical gaze fixed upon the light of truth.

"Having heard a good deal of abuse of homœopathy from the medical press and individual members of the old school, I turned to the newest text-book published then in England (Ringer's), but found it so full of homœopathy and small doses that I was disgusted. Consequently, when an illustrious American teacher, like yourself, announced a new book, I eagerly possessed it, and at once turned to the articles on *aconite* and *bella-donna*, the two remedies which homœopaths are vulgarly supposed to administer in all diseases that flesh is heir to." He then goes through an analysis of these articles

and a number of others, and concludes thus: "I could continue for a dozen pages more to quote homœopathy from your book, but forbear. . . . At present, however, I am satisfied with your proofs of the law of similia, and would earnestly recommend all weak-kneed homœopaths to take a few small doses of your teachings, which will, I am confident, prove to every impartial mind, that *similia similibus curantur*, even though they may likewise create a suspicion as to the honesty of your teachings and practice.—I am, truly your debtor, Samuel Potter, M.D." Dr. Potter also writes in the *Hahnemannian Monthly*, September, 1880: "During the years from 1862 to 1878, I have been a practitioner of homœopathy more or less." But in the *Lancet* of 1888, he says: "I never was in practice as a homœopath." This gentleman's work, to which Dr. Lauder Brunton expresses his indebtedness, "which he has much pleasure in acknowledging" in his third edition, was refused insertion among the advertisements in the *British Medical Journal*, among a list of other works sent by a well-known London publisher, as being too heretical. The whole episode is most entertaining from a liberty of opinion stand-point.

Were my time not limited—and my address has already outstripped its proper limits—I might have noticed the formation of the Medical Reform Union, an important step, but one which has not met with that unanimous approval which the promoters of it hoped for. It cannot interfere with any existing society, but will be a militant engine, to assert, by means of the publication of a statement of principle, what our real views are, and so to render misrepresentation without a shadow of excuse; to take any necessary steps to reply to misrepresentations; and to form a united front against any attempt to taboo a homœopath in the exercise of his duty. An example of its action in the latter field is the recent attempt of the Wakefield Post Office medical referee to boycott Dr. Greig, our *confrère* in that town, in which Dr. Greig came out with such flying colours, and with an assurance from the authorities of the Post Office in London that the annoyance he had suffered would not again occur.

All round we are frequently finding evidence of the direction in which the wind is blowing in favour of freedom of opinion in medicine. Dr. Percy Wilde was lately

asked to read a paper before the Gloucestershire branch of the British Medical Association on a subject involving the question of the relation between the two schools, in the discussion of which most liberal feeling was shown. And Mr. Harris, of Brixton, was also recently invited by a local medical society to read a paper on homœopathy, which he did, with the result that several practitioners stated that they had never heard homœopathy placed before them in that light before. Recently a surgeon to a London hospital delivered a lecture on the value of *lycopodium* in bladder diseases, the tincture used having been prepared, as the lecturer is honest enough to say, "according to the homœopathic method;" and in the *British Medical Journal* we last month find a practitioner, taking care to call himself an "allopath," writing to ask for experience in the treatment of warts by *thuja*!

Gentlemen, I think we may congratulate ourselves on the progress our cause has made since we met last year. The cause of homœopathy is essentially that of freedom of opinion. The ultimate adoption of homœopathy as the dominant practice must come sooner or later, but the first step towards this is the permission of entire freedom of opinion. For this we must continue to fight. Till a man feels that, without being boycotted, he is at liberty to express openly his belief in the law of similars as the best guide for the treatment of his patients, and to practice openly and fully in accordance with his convictions, therapeutic progress must be slow and unsatisfactory. Till then, while other collateral branches of medicine advance with steady pace, laments will continue to be heard of the "backward state of therapeutics," and the absence of any guide but the blind one of empiricism. Had perfect freedom of thought and expression existed at the present day, the Birmingham events of 1875 would not have occurred, Mr. Millican would not have had to raise an action at law for being ejected from his hospital post, the Lauder Brunton episode would never have been enacted, nor in all probability would the *Times* have been occupied with the "Odium Medicum" controversy. The *raison d'être* even of our homœopathic hospitals, societies, and journals would have been a thing of the past. But, strange to say, in this nineteenth century, and in a so-called liberal profession, freedom of opinion and of expression does not

exist. In every other department of study but that of therapeutics, in all sciences, in art, and even in religion, anyone may have his own opinion and carry out his views without let or hindrance. This blot on the history of nineteenth century medicine cannot long exist. It is certain, in the nature of things, to disappear, but the remarkable thing is the persistency with which this relic of barbarous times continues to hold sway. In order to do our part towards its final extinction, we must be true to ourselves, our principles, our profession, and our claim to the right of absolute freedom of opinion. Carefully avoiding doing or saying anything which may be construed as an obstacle to friendly and professional intercourse with those who differ from us therapeutically, we must as carefully refrain from yielding one *iota* on points of doctrine and practice, that experience has assured us are essential to secure the best results at the bed-side.

Reunion of the two schools may be somewhat delayed by such an attitude, but it will be all the firmer and more enduring when it does take place, and the cause of freedom of opinion will be greatly strengthened. While any sacrifice of principle, for any purpose whatever, however laudable it may appear, or of what we know and feel to be true, will assuredly be turned to our ultimate discredit.

The tactics of the old-school at the present day are to endeavour to absorb the practical results of our teachings, while repudiating the sources whence they were derived, and ignoring the principle on which they have been obtained. Against this we must persistently protest, as alike unjust to those to whom we are indebted for the knowledge of the truths it is our mission to propagate, and injurious to the development of these truths. Without a right understanding of the principle which dictates the giving of a certain medicine in certain cases of disease, the prescribing of it in all and sundry such cases becomes mere empiricism.

We must insist on the acknowledgment of the truth, the whole truth and nothing but the truth. Only on these terms can the best interests of the profession and the public be secured, and until that is yielded no real progress in medicine can be made on any firm and permanent basis.

## LAPAROTOMY DURING PERITONITIS: TWO ILLUSTRATIVE CASES.

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LAPAROTOMY has during the last few years taken a well-deserved and important position, whether as a curative or exploratory operation, in the surgical treatment of abdominal diseases. Formerly the peritoneum was looked upon as a formidable opponent, and operations involving it were regarded with much fear as to a successful issue. Experience has proved how kindly tolerant the peritoneum is of surgical interference if properly and scientifically applied. Nay, that even under conditions, which might well be considered as inevitably leading to a fatal issue, nature will triumph and bring to a successful termination an apparently hopeless case. Peritonitis occurring during the course of a disease requiring abdominal section is a grave complication, and at one time was considered a serious bar to surgical interference. Nearly all cases of operation undertaken for the relief of intestinal obstruction in which peritonitis existed have had a fatal end. Mr. Frederick Treves, who has made extensive researches into the literature of the subject, says in his work on *Intestinal Obstruction*, “(at the present time at least) abdominal incision does not delay the fatal issue in cases of perforative peritonitis, and that all operations performed during that condition are entirely hopeless.” When the peritonitis is not due to perforation the case is not so serious, and there are several instances on record of operations undertaken during a general or local peritonitis which had a successful termination. In fact, laparotomy is becoming one of the recognised methods of treating chronic or local peritonitis. It is no more than consistent with our advanced knowledge that local or diffuse collections of pus in the peritoneal cavity should be treated by free incision and drainage. The two cases about to be described differ essentially as to their origin, but agree in both being the subject of peritonitis.

*Acute intestinal obstruction ; perforative peritonitis ; laparotomy : recovery.*

J. V., æt 29, a grocer's assistant, after working at his business during Monday, April 13th, 1885, went to bed in his

usual health. At 12 o'clock he awoke with a violent pain across the bowels. This continued all night, and in the early morning of the 14th he sent for his usual medical attendant, Dr. H., who found him "in bed complaining of pain in the hypogastric and right inguinal and lumbar regions. The pain was increased by pressure in the hypo-gastric region. There was no marked dulness nor tumour. An aperient pill and dose of *castor oil* were given, but both were rejected with vomited food. The *castor oil* was repeated, and one pill of *opium* (half a grain) and *belladonna* (quarter of a grain) given every three hours. As there was no action of the bowels, an injection of soapy warm water, *castor oil*, and *turpentine* was given"\* on the 15th, which was followed by the passage of several scybala, but the same evening he had a natural loose motion. Another dose of *castor oil* and a large enema were administered on the 18th; the oil was almost immediately vomited. After this he complained of acute pain in the right iliac region. He did not vomit much till the 21st, when he was sick every few hours, bringing up greenish and finally faecal-smelling fluid, the abdomen becoming more painful and tympanitic. On the evening of the 22nd he was admitted to the Buchanan Cottage Hospital, St. Leonards, eight days after the commencement of his illness. The patient upon admission was in an extremely collapsed condition. There was an anxious expression of face, the features being pinched, the eyes hollow and sunken, and he was evidently in great pain. The face and body were covered with a cold sweat, the abdomen distended, the surface being cyanosed and livid. There was diffused tenderness all over the abdomen, but over the right iliac region there was a definite increase of resistance and some dulness on percussion, the rest of the abdomen being tympanitic. Respiration rapid, 80; pulse small, feeble and thready, 120. Temperature 108°. Constipation complete. No examination *per rectum* was made. At eleven p.m. he was put under the influence of the A. C. E. anæsthetic mixture, and with strict antiseptic precautions (including carbolic spray) an incision was made in the *linea alba* below the umbilicus and the peritoneum opened; immediately there was a gush of the most horribly offensive faecal-smelling fluid. The incision having been enlarged sufficiently to allow the hand to be introduced into the abdominal cavity, the coils of intestine were seen to be coated with thick flakes of lymph, and were in many places firmly matted together. On passing the hand

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\* *British Medical Journal*, April 28th, 1888. Brief Notes of the Case, by Dr. H.



towards the cæcum the condition was more marked, and it was impossible to accurately distinguish the various parts of the intestinal canal. No band was discovered. With a little effort some of the coherent coils of intestine were separated, and in the cæcal region a cavity was opened containing a large quantity of very offensive faeculent fluid, and from the bottom of the cavity the same kind of fluid was bubbling up as from a fountain. Some time was spent in sponging this away with warm carbolic lotion, and then the finger could be passed through an opening in one of the coils of the small intestines into the lumen of the bowel. An effort was then made to bring the perforated portion of the intestine to the surface so as to stitch it to the abdominal wall and form an artificial anus but without avail. The abdominal incision was then enlarged to some distance above the umbilicus to give more room, so as if possible to close the perforation *in situ*; but the conglomerated and distended intestines prevented the perforation ever being seen. At this period the case was considered hopeless, and after again washing the abdominal cavity with warm carbolic sponges, the abdominal wound was closed with deep wire sutures and covered with large carbolic gauze dressings. Before this was possible the distended coils of intestine were punctured in many places with an aspirator needle to evacuate some of the contained gas. *Morphia* was administered by the rectum, and the patient was returned to bed in an exhausted condition—to die.

He continued in a very weak condition all through the night, but there was no sickness nor action of the bowels. There was a constant oozing of most offensive fluid from the lower extremity of the abdominal incision, which required frequent dressing, and the patient appeared in very much pain. He remained in this condition till the 26th, when food which he had lately taken was noticed on the dressings. The discharge continued very offensive and consisted of bile as well as food, but the pulse improved and the tongue cleaned. On the 27th the bowels acted naturally, the stool being loose, offensive and copious; after this the temperature, which had since the operation gradually fallen, became normal. On the 30th the patient was much exhausted, and after a restless night had a sharp attack of diarrhoea, followed by the passage of a large accumulation of retained faeces. The wound now began to gape at one part and there was evidently a faecal fistula about an inch and a half below the umbilicus. Food, generally in a partially digested state, still appeared at the wound. The back and hips became sore from the constant discharge. On the 4th May a colon tube was inserted through the opening with the hope of pre-



venting the discharge spreading over the skin, which was now getting very sore; it however proved useless. On May 12th the temperature rose and remained high,  $100^{\circ}$ — $101.4^{\circ}$  for a week owing to the formation of an abscess in the abdominal parietes. From this time the patient gradually improved, but he was troubled by constipation, which was overcome by the use of *tinct. ignatiæ*. The gaping wound slowly healed, and left a small fistula mid-way between the umbilicus and pubes. Several attempts were made to close this, by paring the edges and suturing them, feeding the patient meantime with nutrient enemata; by the application of the thermo-cautery, but only with partial success. He was ultimately discharged from the hospital on the 17th September with a minute fistula admitting a No. 10 catheter, but from which no *fæces* escaped unless the bowels became constipated, and which could be kept closed by wearing a padded belt. This fistula seemed to be a relief to him, as when he had constipation and colic it acted as a vent to flatus and sometimes *fæces*. In August, 1888, he reports the wound to be about the same as when he left the hospital. He has occasionally attacks of pain and vomiting, but that he is all right as long as he keeps his bowels open. His general health is as good as ever it was.

When this patient was brought into the Hospital we were at once face to face with one of the most interesting and yet one of the most difficult problems of surgery. Here was a man evidently *in extremis*; his condition pointing to a speedy dissolution. A careful review of the clinical history, the violent abdominal pain of sudden onset, followed by vomiting and constipation, pointed to some rapid occlusion of the intestinal canal, probably of the nature of a band. The fresh accession of pain followed by evident peritonitis, was thought to indicate that perforation of the bowels had taken place. Knowing the difficulties in the way of an absolutely accurate diagnosis and the usual fatality attending cases of perforation, there was considerable hesitation before undertaking any operative interference. Yet to do nothing was to leave the patient to drift to his inevitable doom; so, placing before him and his friends the gravity of the situation, the operation was begun. Such a case will make a lasting impression upon those present, and teach them important lessons. When it was found impossible to reach the perforation, the case was considered so hopeless that the abdominal cavity was closed, no drainage tube being used, as might have been done with

advantage. No hope was given to his friends and his end was hourly expected. The record of the case gives no idea of the unremitting attention he received from his nurses, which added so materially to his chances of recovery. Is it possible by the light of subsequent events to venture upon a diagnosis of the pathological condition of this case? Probably there was acute obstruction of the small intestine induced by a band, followed by rupture of the distended bowel and extravasation of its contents, a local peritonitis, afterwards general, shut off the perforated portion and so formed a sac to contain the extravasated fecal fluid. The operation, opening the sac, allowed the distended bowel to be drained, to collapse, and so to slip from beneath the constricting band. For certainly no band was divided at the operation. Finally adhesion took place between the perforated intestine and the gaping abdominal incision, with the result of a fecal fistula.

*Acute suppurative peritonitis: Laparotomy: Recovery.*

(This case is abstracted from notes made by Dr. Ogden Jones, resident medical officer.)

R. H., a little girl æt. 10 years, was admitted into the London Homœopathic Hospital under the care of Dr. Byres Moir, December 30th, 1887 (who has kindly permitted me to use the notes). She had been ill for about a month with what was considered typhoid fever. When admitted she was extremely emaciated; tongue coated and dry; skin harsh and dry; troublesome cough. Some dulness at the base of both lungs with bronchial breathing and crepitation. Abdomen full and very tender to the touch, muscles tense, indistinct fluctuation on palpation, umbilicus prominent. Temp. 101°. Pulse 140. Respiration 40. Sleeps badly; bowels confined. She was ordered *merc. cor.* 8x gtt.i. every two hours alternately with *ant. tart.* 8x gr. i., milk and beef tea and Benger's food. Morning temperature 100.4°. On January 1st the bowels acted twice. In the evening the distended umbilicus gave way and gave vent to a very free discharge of thick pus. Next morning the abdomen was much less distended, and there was less pain. Evening temperature 101.4°. As the umbilicus still continued to discharge the case was seen by Mr. Knox Shaw with Dr. Moir, and after consultation it was decided to open the abdominal cavity. On the afternoon of January 3rd a small incision was made in the *linea alba* midway between the umbilicus and pubes about an inch and a quarter long; immediately the peritoneum was incised there was a copious

discharge of thick creamy pus. Large quantities of warm water from the tap at about 96° were poured into the abdominal cavity until it returned quite clear. Nothing but warm water was introduced into the abdominal cavity. Before the incision was made the abdomen was washed with carbolic lotion, and towels wrung out in carbolic lotion surrounded the wound, while instruments and hands were thoroughly carbolised. A glass drainage tube was inserted through the wound into the pelvis. The wound was dressed with iodoform gauze and all was covered with Gamgee tissue. There was no vomiting, and the child seemed but little affected by the operation. At 9.30 p.m. the dressings were changed, and some blood-stained fluid withdrawn from the tube. Evening temp. 99.1°. Pulse 140.

January 4th. Temp. 98°. Slept five hours. No pain. Evening temp. 99.2.

January 5th. M. T. 98.2. P. 132. Slept well six hours. Coughed more; bowels acted twice, stools were loose and light coloured; tongue moist; pupils much dilated. Purulent fluid was withdrawn from the glass drainage tube by a piece of india-rubber tubing attached to an ordinary glass syringe; this morning about three ounces were removed. No discharge from umbilicus.

January 9th. M. T. 98°. Tongue moist, slightly coated in the centre. About 8 drachms of sweet laudable pus were removed by syringe. Cough better; now only slight crepitus at the left base. Ordered *arsen. iod.* 8x gr. i. t. d. s.; sandwiches; beef tea; farinaceous food.

January 13th. Temperature now normal night and morning. Pulse generally about 120. About a drachm and a half of pus removed; always some on dressing; bowels confined, relieved by enema. As skin continues harsh and dry, she was ordered to be rubbed with *Adeps benz.* 3 ij., *lanoline* 3 j.

January 18th. Pus has very much diminished in quantity and become much thinner; drainage tube removed. From this time she slowly but surely regained her health. All discharge ceased by January 23rd, and by the 30th the wound had quite healed. She was troubled at times with constipation and flatulent distension of the bowels, for which she was ordered *nux vomica*. She was discharged from the hospital cured, March 2nd, 1888.

Though the late Mr. Hancock so many years ago conceived the idea of treating suppurative peritonitis surgically, Mr. Frederick Treves has probably done most to bring the operative treatment of peritonitis into the region of practical surgery. A very interesting discussion

on the subject took place at the October meeting of the Clinical Society last year, when it was evident that such treatment was not only a justifiable but very important means of treating the disease in question. The case just described can hardly be classed under the head of a primary incision for suppurative peritonitis, as the abdominal cavity had already opened itself before any operation was undertaken. At the Clinical Society's discussion Dr. Broadbent mentioned two cases of recovery in children in which at the umbilicus suppuration had occurred; and Dr. Eustace Smith "*On Diseases in Children*," mentions a similar case, and quotes M. Gauderon, who refers to eight recoveries out of ten cases. But the discharge of pus through the umbilicus cannot be considered a satisfactory mode of exit. And this was so strongly felt in the case under discussion that operative treatment was undertaken. The umbilicus is too high up and is altogether ill-situated for the purposes of drainage. Should there be such a free accumulation of pus as in the present case, there must of necessity be gravitation towards the pelvis; and here a drainage tube is of the utmost service. It would be bad surgery to enlarge the umbilical opening.

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### THERAPEUTIC NOTES.

By R. E. DUDGEON, M.D.

#### *Capsella or Thlaspi Bursa Pastoris.*

THE *Art Médical* for July, 1888, contains a paper on this plant by Dr. Imbert-Gourbeyre, displaying all his well-known ability and erudition. Although an unproved remedy, its sphere of specific action is pretty accurately known, and in former days it was frequently employed by many eminent medical authorities. In our own days, though almost unknown to "scientific" medicine, it enjoys a considerable reputation in popular medicine, chiefly for hæmorrhages and profuse menstruation and metrorrhagia. According to Dioscorides, it is emmenagogue and abortive, anti-hæmorrhagic, and a remedy for sciatica. In Salmon's *Doron Medicum* (1683) it is said: "The seed provokes urine and the courses, kills the *Fœtus*, resists poyson, breaks inward apostems, and being taken in ʒij it purges choler." In

Vogel's *Historia Materice Medicæ* we read of the seeds : "Ischiaticis infusum prodesse, et menses ciere (Dioscorides). Sudorem pellere, et ad scorbutum posse, si ex vino teratur, adiecto saccharo (Boerhaav)." It was called by the old herbalists *sanguinaria*—"quia sanguinem sistit." Murray, at the end of last century, pronounced it useless; but De Meza, arguing against this opinion, relates a case of metrorrhagia cured by it applied as a cataplasm to the loins, on the recommendation of an old woman, after the doctor had tried several medicines without effect. Lejeune (1822) says he has seen good results from its employment in hæmoptysis. Rademacher has a great opinion of it. He says: "This plant was held to be an anti-hæmorrhagic medicine by the ancients. The superior wisdom of later physicians has pronounced it to have no such power, because it contains no astringent principle! (Carheuser's *Mat. Med.*). A second property attributed to it was that of stopping diarrhœa; a third, that of cutting short agues. I have lately used it repeatedly in chronic diarrhœa, when this is purely a primary affection of the bowels, with surprising benefit; but it is useless in consensual diarrhœa. I have not yet used it in ague, but would not dissuade others from trying it. But the most important remedial power of this common innocuous plant I learned from no medical author; the knowledge of it was actually forced upon me by the following case: I was called to see a poor woman, from whom eight or ten years before I had brought away a large quantity of urinary sand by means of *magnesia* and *cochineal*, and thereby cured her. Now, the tiresome sand had again accumulated in the kidneys, and the patient was in a pitiable state. The abdominal cavity was full of water, the lower extremities swollen by œdema, and the urine of a bright red colour, which formed on standing a sediment unmistakably of blood. I prescribed tincture of *bursa pastoris*, 30 drops 5 times a-day, solely with the intention of stopping the hæmaturia as a preliminary; but imagine my astonishment when I found that the tincture caused a more copious discharge of renal sand than I had ever witnessed. Paracelsus's words occurred to me: 'A physician should overlook nothing; he should look down before him like a maiden, and he will find at his feet a more valuable treasure for all diseases than India,

Egypt, Greece, or Barbary can furnish.' I should certainly have been a careless fool had I, with this striking effect before me, changed to another medicine. I continued to give the tincture; I saw the urinary secretion increase with the copious discharge of sand; the water disappeared from the abdomen and extremities, and health was restored. I went on with the tincture until no more sand appeared in the urine, and I had every reason to suppose that the deposit of sand was completely removed. Since then I have used this remedy in so many cases with success that I can conscientiously recommend it to my colleagues as a most reliable remedy. Among these cases was one which appeared to me very striking. It was that of a woman, aged 30, who came to me for a complication of diseases. I examined the urine for sand, but found none. I gave her the tincture of *bursa pastoris*, and a quantity of sand came away. On continuing the tincture much more sand came away, and her other morbid symptoms disappeared."

It was stated some time ago, that Mattei's *anti-angioitico* was a tincture of *thlaspi bursa pastoris*, but, if we are to credit the statement of a periodical lately published, entitled *General Review of Electro-Homœopathic Medicine*, this is not so, for *anti-angioitico* is there stated to be a medicine compounded of *aconite*, *arnica*, *belladonna*, *nux vomica*, *veratrum album* and *ferrum metallicum*. I mention this inadvertently, but I do not suppose it is of much consequence, and my first experience of the remedial action of *thlaspi* was anterior to the information that it was one of Mattei's remedies. In the 3rd vol. of the *British Journal of Homœopathy*, page 63, there is an observation taken from the *Berlin Med. Zeit.* to the effect that Dr. Lange found the greatest benefit from "a decoction of the whole plant in cases of passive hæmorrhage generally and especially in too frequent and too copious menstruation." In the *Zeitsch. f. Erfahrungsheilk.*, the periodical published by the followers of Rademacher, Dr. Kinil relates the case of a woman who three weeks after accouchement was affected with strangury. She could not retain her urine, which dribbled away drop by drop, with constant pain in the urethra. The urine was turbid and had a deep red sediment. She got 80 drops of the *tincture of thlaspi*



five times a day. The strangury disappeared at once, the urine could be retained after a few days, and after eight days it became clear and without sediment. Dr. Hannon (*Presse Med. Belge*, 1858), mentions that he had found *thlaspi* very useful in hæmorrhage when the blood was poor in fibrine. Dr. Heer (*Berlin Med. Zeit.*, 1857). found *thlaspi* efficacious in the dysuria of old persons, when the passage of the urine is painful and there is at the same time spasmodic retention of it. On giving the medicine a large quantity of white or red sand is discharged, and the troublesome symptoms disappear. Dr. Jousset (*Bull. de la Soc. Hom. de France*, 1866), had a case of hæmorrhage after miscarriage at three months. He tried *sabina*, *secale*, *crocus*, tampons soaked in *chloride of iron*, but all in vain. He consulted Dr. Tessier, who recommended him to try *thlaspi*, 20 drops of the mother tincture in a draught, at the second spoonful the hæmorrhage ceased. He found it useful in hæmorrhage with severe uterine colic, with clots of blood, in that following miscarriage, in the metrorrhagias at the menopause, and in those associated with cancer of the neck of the uterus. He found good effects from the dilutions in some of these cases. Dr. Jousset in his *Elements de Méd. Prat.*, repeats his recommendation of *thlaspi* in hæmorrhages.

My own experience of *thlaspi* is very small. In one case Dr. Rafinesque, of Paris, cleverly "wiped my eye," to use a sporting term, with this medicine. A young French widow was treated by me for a severe attack of jaundice, from which she made a good recovery. But after this she suffered for a couple of months from a very peculiar discharge after the catamenial flux. It had the appearance of brownish grumous blood, and was attended by obscure abdominal pains. The cervix uteri was swollen and soft, but not ulcerated. I tried all I knew to stop this discharge, but without success. She went back to Paris and put herself under the care of Dr. Rafinesque, who was her ordinary medical attendant. He tried several different medicines without any effect on the discharge. At last he gave *thlaspi*, 6th dilution, and this had an immediate good effect. Afterwards he gave the mother tincture 10 drops in 200 grms. of water by spoonfuls, and again in the 6th dilution, and after keeping her on this medicine for some weeks the discharge was com-



pletely cured. The full details of the case will be found in the *Brit. Journ. of Hom.*, vol. 32, p. 370.

One other case I have had illustrative of its action in the presence of excessive quantities of uric acid in the urine. A lady, æt. 76, was under my care for a very curious affection. She had considerable rheumatic muscular pains in various parts, and constant profuse perspirations day and night. Along with this she had the most abundant secretion of uric acid, which passed away with every discharge of urine. Sometimes the uric acid formed small calculi, which gave much pain in their passage down the ureter, but it generally appeared in the form of coarse sand, which formed a thick layer at the bottom of the utensil. This sand continued to pass after the cessation of the sweats and rheumatic pains, which lasted six or seven weeks. I tried various remedies—*pulsatilla*, *picric acid*, *lycopodium*, &c., but without effect. At last I bethought me of Rademacher's recommendation of *thlaspi*, and after a few doses of the first dilution the sand diminished very much, and indeed sometimes disappeared altogether, and when it did return it was in insignificant quantity.

On the whole I think this medicine deserves a thorough and complete proving. It is evidently a powerful anti-hæmorrhagic, and its influence on the urinary organs, more particularly in bringing away and in curing excess of uric acid in the urine, is very remarkable.

#### *Tabacum.*

On the 13th June, 1888, I was called to see a lady, æt. about 70, who told me that she had been ailing for upwards of a year, but had never seen a doctor during that time. She is always sick, has constant pains in the stomach, throws up all food, and often mucus and blood. She lives entirely on biscuits and champagne. During my visit she moaned incessantly, telling me that the pain in her stomach caused her to do so. She used to suffer from chronic diarrhœa, but now the bowels are not open freely, and the motions, which are very small, are light coloured. Urine she says (I did not see it) is the colour of blood. She sleeps very badly. I prescribed *arsen.* 3, a drop every three hours. I visited her again on the 16th, and found her in no respect different except that the pain was rather better; the sickness and

vomiting continued, and she could take nothing but a small quantity of biscuits and champagne. The feeling of sickness is intense and constant. I prescribed *tabacum* 2, a drop every three hours. I saw her again on the 20th. She looked much better, no longer moaned, and said the pain had left her. She was still unable to take more food than before. But she complained that ever since I last saw her she was tormented by a strong smell of tobacco, which seemed, so she said, to be all through her. No one in the house smoked, and she had had up the servants, who all declared that no one had been smoking in the kitchen or elsewhere, and none of them noticed any smell of smoke in the house. She had to abandon the idea that any one smoked, but still she could not divest herself of the strong odour of tobacco she constantly perceived, and which was very disagreeable. She confessed to being considerably better, but the tobacco odour was extremely odious to her. This was a remarkable effect of a very small dose of tobacco, and was not an effect of the imagination of the patient, who did not know what medicine she was taking, as I sent it in direct from the chemist's without the intervention of a prescription, and moreover she was not aware that tobacco was one of our medicines.

Another illustration of the remedial power of this medicine I may mention, as it occurred lately in my practice. An elderly lady, whose bowels for the last twenty years had always been a source of trouble to her, and could not be moved without an enema, and very often not with one, and when they were moved generally proved to be of a clay colour, or at best mottled clay colour and brown, got from me *tabacum* 3 in pilules. She was delighted with its action, and informed me at my next visit that it was the first medicine I had given her that seemed to have a distinct action on the bowels and liver, for since taking it her motions had been easy and invariably dark coloured. She continued to take the *tabacum* for months, not continuously, but when the bowels seemed to require it, and invariably with satisfactory effect. The laxative effect of a pipe or cigar after breakfast is stoutly believed by many smokers, but I do not remember to have seen our small doses used for this purpose.

*Jaborandi.*

I was lately telegraphed for to see a gentleman, æt. 45. On my arrival in the afternoon at his house, I was told by his wife that he had risen at an early hour, and gone to the other side of the room to take a dose of *nuxvomica* 8 for some fancied derangement of stomach, but he was not feeling otherwise ill. On coming back to bed he was seized with violent flushing of face, followed almost immediately by profuse perspiration, beginning in the face and head and soon extending all over the body. This was rapidly followed by extreme coldness of the extremities and sickness, terminating in vomiting chiefly of sour mucus. He had had repeated attacks since the first in the morning. They occurred about every quarter hour; in short, as his wife said, he had hardly rallied from one when another came on. On my arrival he had just come out of an attack, and I had not long to wait before witnessing another. His face and neck suddenly flushed crimson, and the perspiration broke out in drops all over forehead and face, extending to the body, which literally dropped with moisture, as if he had just emerged from a bath. Soon the face grew pale and the extremities icy cold, though still wet with the perspirations. He felt intensely sick, and vomited some acid mucus. The pulse was 60, regular and strong, and the temperature under the arm below the normal. I had just been translating for the *Cyclopædia of Drug Pathogenesis* some interesting experiments with *pilocarpium muriaticum*, and the effects of the substance on the provers struck me as being precisely similar to the attack I had just witnessed, except that there was in my patient no profuse salivation as is generally found in *pilocarpin* poisoning. Having luckily a small bottle of tincture of *jaborandi* 1 in my pocket (*pilocarpin* being, as is well known, the active alkaloid of *jaborandi*) I put about 10 drops in half a tumbler of water, and gave at once a dessert spoonful of the mixture, and directed that a similar dose should be administered every half hour or oftener if the attacks were more frequent. Next morning on making my visit the patient came into the room apparently quite well. I should have mentioned that the previous day he not only could not get out of bed, he could not even raise himself up in bed or lie otherwise than on his right side without the

most distressing giddiness, and a feeling as he expressed it as if he should die. He now said that he was all right, that after the second dose of the medicine the attacks ceased, and he was able to take a little bread and milk without sickness. He had had a good night's rest, had eaten a good breakfast, and had not a trace of illness remaining.

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## ON PHIMOSIS AND ITS REFLEX DISORDERS.

By H. MASON, M.D.

(Continued from page 553.)

### *Diseases of the Nervous System.*

THESE, which may be considered under two heads, *convulsive* and *paralytic*, when reflex depend usually upon adherent not necessarily contracted prepuce. The general symptoms of nervous irritability which are met with in almost all morbid conditions resulting from phimosis have already been described. The following case may be regarded as typical of this condition.

E. C., aged 15 months, fairly well nourished, was said to have been quite well until two or three weeks ago. Then he began to have crying fits, especially in the night. He would wake up every three or four hours, and have a crying bout for some minutes in spite of all attempts at pacification. He was also ill-tempered during the day. This state of things grew worse. His limbs became flabby and soft. Slight puffiness was noticed under his eyes, especially in the morning (possibly the result of crying), and he was losing flesh. No attention had been directed to the penis, and it was thought that the ill-health was due to teething. On examination I found the prepuce largely adherent, but there was no contraction or obstruction to micturition. With a blunt probe I tore the adhesions, and directed the parts to be washed and regularly attended to. After this he slept naturally and his health rapidly improved.

*Convulsions* in children are a very common result of phimosis. Such attacks are analogous to those dependent upon the irritation of entozoa in the rectum. In frequently recurring convulsions affecting children, attention should be directed specially to the alimentary canal, and the genito-urinary system. Teething is probably the

commonest cause, next to that intestinal entozoa, and thirdly phimosis. It is possible that in certain cases of phimosis where there has been extreme obstruction to micturition the convulsions are due in some measure to uraemic poisoning. For illustrative cases reference may be made to Dr. Clifton's paper, where three cases with symptoms of cerebral excitability culminating in convulsions are related.

Under convulsive diseases may be mentioned *chorea*, of which I have quite recently had a case in which I believe an irritable glans was the proximate cause. This affection, it will be remembered, is most common in girls between the ages of five and puberty; and occurs especially in families in which there is a tendency to nervous disorders. Rheumatism and inflammation of the pericardium or endocardium are met with in a considerable number. (Koch, rheumatism in 23.4 per cent., cardiac disease in 13.7 per cent.)

William C., aged 4½, began to be affected with choreic movements about the end of February, 1888. The family history shows a proneness to nervous affections. Both parents are well and have six other children besides the patient. The mother, however, in early life was very subject to hysterical fits. The eldest son aged 22 suffered for a time from nervous debility, the result of onanism. One daughter used to have convulsions frequently till she was 2 years of age. Another aged 15 had chorea in May and June, 1887. She was perfectly free from it for a period of eight months before the present patient began with it. On December 28th last she was taken ill with scarlet fever and had a very severe illness. On the same day I saw the little boy who I was inclined to think at the time had also had scarlet fever, though no rash or sore throat had been noticed. Later on I regarded his indisposition as due to a morbid state of the glans, which I subsequently discovered. He had then (December 28th) been ailing for about six weeks. No appetite. Always wanted to be left lying quiet, never ran about. Bowels were confined. Urine deposited reddish sediment of urates; no albumen. Complains of pains in the legs and right foot. The right ankle was rather swollen, this I thought being probably of a rheumatic nature, the result of a modified attack of scarlet fever. Heart normal. Perfect rest in

the recumbent posture was enjoined for a few days, and a milk diet ordered. He improved somewhat under this, and in about a week was able to run about out of doors. On February 28rd I was again asked to see him and found symptoms of chorea developing. There were the usual involuntary jerking movements of his limbs, head and body, the right arm and leg being especially affected. Associated with the choreic spasms was paralytic weakness of certain muscles. When walking he dragged the right foot along the ground instead of lifting it up. His speech was also affected, words being slurred and pronounced indistinctly. He complained of aching in the right side of the forehead. When asked if he had pain anywhere else he pointed to the genitals. On examination I found the parts fairly well developed. There was no undue lengthening or adhesion or contraction of the prepuce, but the glans at its base and around the cervix, with the corresponding inner surface of the prepuce, presented a very red and irritable condition. The excretion of smegma was very considerably increased, and the mother stated that there had been an extraordinary quantity of white stuff coming from it, and she believed that it had been in this state for some months past, but she had not paid much attention to it. The child had frequent erections, and the glans was tender and painful to touch. In view of the many disorders which I had learnt to attribute to phimosis, and their similarity to the symptoms presented by the patient, I could not help ascribing his ill-health and the development of the chorea to the morbid state of the genitals. By way of treatment I directed a weak solution of permanganate of potash to be thoroughly applied to the part twice a day, and gave *bell.* 1x internally. The local irritation was cured in about three weeks, but the chorea did not seem to be influenced by any remedies. It ran a rather severe course lasting about seven weeks. Weakness of the leg persisted for a few weeks longer.

Another case of chorea in a lad aged 8 years, in which phimosis was regarded as the cause, is reported by Mr. Heckford in Vol. II. of the London Hospital Reports.

*Epilepsy* very rarely, I believe, results from phimosis. Convulsive diseases in lads above three or four years of age seem to be much less frequently due to this cause

than paralytic diseases. I have only met with one case which seemed in any way connected with it. This was in a lad aged 10 years. He had had fits for two years or more and had always been rather idiotic. The penis was extremely small and ill-developed, the prepuce long and adherent round the corona, not contracted. I could not obtain permission for operation.

Dr. Althaus observed congenital phimosis in eleven out of twenty-five consecutive cases of epilepsy admitted into the London Infirmary for Epilepsy and Paralysis.\* This irritation, he adds, often leads to sexual excitement, masturbation and spermatorrhœa. A variety of central symptoms may be induced, pains in the head, giddiness, noises in the ears, eructation, sickness, &c. He considers it doubtful whether epileptic fits have been induced by it; yet the propriety of operating in such cases cannot be questioned, since in convulsive disorders all sources of irritation should, if possible, be removed. Several of the cases were operated upon. In no case did the fits cease immediately consequent upon the operation, yet it seemed as if the disease yielded more readily to the remedies employed than it had done before.

Four cases are given by Mr. Heckford in his paper in the London Hospital Reports already referred to. In these the epilepsy was doubtless induced by onanism. Circumcision was performed in all with decided benefit. Two subsequently relapsed, however, and became as bad as before. Mr. Heckford in operating recommends free removal of the prepuce, and as long delay as possible in the healing process in order to prevent masturbation being practised. I am very doubtful of the wisdom of this procedure, for it is apt to result in cicatricial contraction, and a recurrence of the phimosis, or, if too much prepuce be removed, a troublesome paraphimosis.

*Paralytic diseases* are much more frequent, and of a more varied nature, than the convulsive diseases resulting from phimosis. Just as in the adult from excessive venery and especially masturbation, we find general debility of the nervous system, and sometimes spinal paralysis resulting, so in the child, the constant irritation of an adherent prepuce produces by reflex irritation many paralytic neuroses.

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\* *Lancet*, 1/67, p. 209.



Looking at the anatomical and physiological conditions, the genital organs being supplied mainly by nerves from the lumbar enlargement of the cord (pudic nerve especially) we should expect those parts of the body supplied by this portion of the cord to suffer accordingly. And this we find to be the case, neuroses affecting the lower extremities and lower trunk, are, I believe, much commoner results than neuroses elsewhere. Some of these have been noticed. In the case recorded under chorea there was paralytic weakness of the extensor muscles of the right foot, and of the organs of speech. Incontinence of urine, retention of urine, constipation, all of a paralytic nature, and paralysis of the lower extremities have also been alluded to. The latter condition has been specially demonstrated by Dr. Sayre in a series of cases described in his work on Orthopædic Surgery. The first is that of a boy aged five years, suffering from paralysis of the extensor muscles of the leg (quadriceps extensor). Both knees were flexed to an angle of 45 degrees. With a little force they could be extended to their normal length, but when relaxed they instantly became flexed again. The prepuce was extremely adherent and contracted, the lips of the meatus just showing through the opening, red and irritable. Whenever the orifice of the urethra was touched he was slightly "convulsed and had a regular orgasm." Almost immediately after circumcision the child began to improve, and after the end of three weeks was able to extend his limbs perfectly straight. After another fortnight he was able to walk alone; no medicine or other remedial agency was employed. The next case is a similar one, only in this the peronei and extensor muscles of the feet were paralysed, producing double talipes equino-varus. The result of circumcision in this case was equally beneficial. Another of Dr. Sayre's cases in which there was paralytic weakness of the legs, with prolapse of the bowel has been already detailed.

From an analogy of these cases, I think it extremely probable that infantile paralysis, progressive muscular atrophy, pseudo-hypertrophic paralysis, various local paralyses, such as those affecting the muscles of the eye-ball, of the larynx, and the muscles of articulation may occasionally depend upon a morbid irritation of the glans.

Genuine infantile paralysis is probably of rare occurrence as a result of phimosis. It is not in the typical acute cases, whose onset is sudden, and which proceed to their full development in the course of a few hours, that it should be suspected, so much as in those which develop gradually and insidiously, and which fail to be influenced by drugs, galvanism, or any kind of treatment which does not include removal of the reflex irritation, supposing this to be the cause. Mr. Barwell describes this kind of paralysis as follows.\* It is commoner in boys than girls, and usually begins between the ages of two and five. It develops itself slowly, and is rarely or never complete. "One limb does not support the weight of the body so well as the other, and moves more slowly. The foot hangs and is turned outwards; the ankle, and if the case be old, the knee also, have yielded inwards; the whole limb is flabby and smaller than the other, rarely cold."

In the case of boys phimosis will be found; in girls some genital irritation as ascarides, a highly acid state of the urine or pruritus from want of cleanliness. Mr. Barwell relates the following excellent illustration:—

"April 1870. S. C., æt 4 years, was strong and healthy, walked well till fifteen months ago. He had seemed ailing and was fretful for a week or two before his mother observed that he did not walk so well and frequently fell. The evil increased and he was brought to me at the above date. The boy answers readily, and is well-mannered while being talked to and amused, but when left to himself falls into a vacant stare at nothing, seems lost. If spoken to while in this state, he often does not appear to hear, if addressed sharply and suddenly, starts and generally cries, if not is cross and peevish." Galvanism, *strychnine*, &c., were tried without effect, and then on examination phimosis was discovered. Circumcision was proposed and accepted. The prepuce was narrow, almost entirely adherent, save round the corona where thick secretions were stored. "The boy rapidly got better, and in a few months walked as well as ever."

Progressive muscular atrophy bears many points of resemblance to the kind of paralysis just considered, the chief point of distinction between them being the age of

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\* *Lancet*, 2/72, p. 552.

the patient, the former occurring at any age or affecting adult males more particularly, the latter being confined to children.

General paralysis of the insane, which is exclusively a disease of adult life, also presents many points of similarity with the disorders resulting by reflex irritation from phimosis. The cause is in some cases nearly identical, general paralysis being occasionally the result of onanism. Similar convulsive and paralytic phenomena may occur in both diseases. The limbs, especially the lower extremities, lose power, also the sphincter muscles of the bladder or bowels, producing incontinence of urine or fæces. The speech especially is affected in general paralysis, and this is occasionally the case, as will be shown presently, in phimosis. Sight is sometimes impaired in both. The mental and moral symptoms can rarely be compared, since in the phimosed patient they are not as a rule sufficiently developed. The analogy however may lead us to suspect that in some such cases their development has been arrested and idiocy has been the result.

As an illustration of the effect of genital irritation in the adult the following case may be quoted from Dr. Brown-Sequard's lectures\*. A gentleman was the subject of insanity with general paralysis, which was suspected to be the result of inflammation of the prepuce and glans, with phimosis. After circumcision the patient was soon cured of insanity. Dr. Sequard adds "shortly afterwards he improved rapidly as regards the paralysis, and he is now cured. This is a clear case of reflex insanity and reflex paralysis."

*Pseudo-hypertrophic paralysis* is a disease affecting almost exclusively young males. Nothing definite, according to Bristowe and others, is known as to its etiology. The fact that it occurs almost entirely in boys, and that it nearly always begins in the lower extremities, which are supplied by the same portion of the spinal cord as the genital organs, might lead us to suspect that these parts in the male had some peculiar relation to the disease. This appears to be borne out in the following case, which was treated in conjunction with Dr. G. Clifton. The disease did not seem to result directly from phimosis, but supervened upon the habit of masturbation

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\* *Lanct*, 2/61, p. 80.

contracted after the operation of circumcision. The patient, a lad aged 8 years, was brought to me on September 23rd, 1887. Fifteen months before, he had been circumcised an account of local irritation from a contracted and adherent prepuce. His present illness dated two months back, about which time his mother detected him in the habit of masturbating. It is probable that he had been guilty of this habit for months previously. By wise counsel and careful watching and attention, she believed he was cured of it. Some of his present symptoms were noticed then, and have gradually become intensified. He was said to be short-sighted and unable to see objects distinctly. This has improved, and his vision is normal now. His mental condition, however, is much changed. If asked any but the simplest questions, he either gives a meaningless reply, or laughs aloud in a half idiotic manner. He seems quite unable to fix his attention upon any subject for more than a few seconds. He is continually moving his body and limbs into various positions, his features all the time relaxed into a silly smile. He never complains of pain. On laying him on the ground on his back, he has considerable difficulty in rising. He turns over on his face, gets on his hands and knees, then raises his buttocks and seems to climb up his legs with his hands. The muscles of the legs are firm, and showed, as measured from time to time, very slight hypertrophy, the increase in the circumference of the calves being only a quarter of an inch. The knee-jerk was entirely absent in the left knee, and nearly so in the right. The disease developed rapidly, and on October 1st he was decidedly worse. His behaviour was almost idiotic, and when placed flat on the ground he could not get up at all without assistance. After this he began to improve, and by the 14th of October he could rise without help and walk about better. The only medicines given were *secale*  $\phi$  and *phosph.* 3x, at first alternately for a fortnight, and afterwards *phosph.* alone. His spine was rubbed night and morning with salt and water. I saw him last on the 25th of November, when he seemed quite well, both as regards mental and physical conditions. He could rise up quickly from the ground without awkwardness, and the knee-jerk was normal in both legs. He seemed, indeed, to have made a complete recovery.

(To be concluded.)

## HOMŒOPATHY OR ANTIPRAXY.

A REPLY TO DR. DUDGEON.

BY WILLIAM SHARP, M.D., F.R.S.

"Speaking Truth in love."—ST. PAUL. R.V.

1. My friend Dr. Dudgeon, in his paper in last month's *Review*, accuses me of unfairness. He may have been misunderstood by me, and if so, I am ready to apologise to him, but that there has been any wilful unfairness I utterly deny. It is truth that is being sought—not victory, so that I feel no temptation to be unfair. He does not produce a single example of what he considers unfairness, and, therefore, gives me no opportunity either to defend myself or to apologise to him. I think he knows me so well that, in his calmer moments, he will not himself believe what he has written. I heartily join in his request that his article, as well as my essay, may be read, and cheerfully leave the judgment to those who read them.

2. "Dr. Sharp says (p. 42): 'The old principle is now changed by homœopaths into *similia similibus curentur*, and is represented to be a mere rule of practice.' This, as most of your readers are aware, is a complete mistake. Hahnemann himself *always employed the formula similia similibus curentur*, and distinctly says it is a therapeutic rule, and we learn from his friend, Mr. Everest, who was much with him during his later years, that he was very much annoyed that his disciples had altered the formula to *similia similibus curantur*." In his last paragraph Dr. Dudgeon returns to this point and says that I am "both surprised and annoyed to find that it [the formula] is merely a rule for the selection of the remedy, and not the expression of a law of nature." Dr. Dudgeon ought to know what Hahnemann taught, and if I have been mistaken I am thankful to have my mistake corrected. If, from the first, the "law of similars" has been only a rule of practice, and so is on a level with all former therapeutic rules, this puts immensely greater force into my plea to substitute antipraxy for homœopathy. According to Dr. Dudgeon Hahnemann's homœopathy is only a "therapeutic rule," while antipraxy is put forward as a true "law of nature."

3. It is not my duty to defend Hahnemann. I have been a practical investigator of his medical system, but have never professed myself one of his disciples. The homœopathists who have known me since 1850 will acknowledge this, and those who will oblige me by reading Essay XIII., a *Review of Hahnemann's System*, published so early as 1856, will be convinced of it. But many of the earlier homœopathists were led into the error I have been in, and the survivors will, I think, be inclined to say something in its defence. Among abundant references, they may quote from Dr. Dudgeon's second Lecture, pp. 46, 47, where is traced "the mode in which Hahnemann discovered the therapeutic law with which his name is connected." . . . . .  
 "Numerous facts convince me [Hahnemann] that the Galenic formula *contraria contrariis curantur* cannot be this rule; . . . my own experience shows me many instances of the opposite rule, or *similia similibus curantur*, being correct." They may quote from Dr. Rutherford Russell's translation of Hahnemann's Paper of 1796, in Hufeland's *Journal*: "Let a substance be chosen whose action closely resembles the original disease, and then this will be cured—*similia similibus curantur*."\* And from the Introduction to the first volume of the *British Journal of Homœopathy*, by the editors—Dr. Drysdale, Dr. R. Russell, and Dr. Black—where the formula *similia similibus curantur* is twice used in the seven pages. And, especially, they may quote from the *Organon* of Hahnemann, translated by Dr. Dudgeon in 1849, from § liii.: "This mode of cure is founded on an eternal infallible law of nature." From the older men happily still living, they may quote Dr. Dake, who, so long ago as 1857, was President of the American Institute of Homœopathy (for the Americans have also fallen into my error), for in his recent book on Therapeutics (dedicated to Dr. Dudgeon) he takes great pains to show that the "homœopathic law," or the "homœopathic principle," "is supreme, not as a 'dogma,' but as a law of nature."†

4. It is true that I am "surprised," as I think many will be, at the summary dismissal which Dr. Dudgeon

† *Therapeutic Methods*, by Jabez P. Dake, A.M., M.D. Boston, 1886.

\* *British Journal of Homœopathy*, Vol. I., p. 12. 1843.

has now given to Hahnemann's supposed claim to the discovery of a law of nature governing the action of drugs; but I am not "annoyed" by it. On the contrary, it is very gratifying to me, for it makes *antipraxy* the first comer with this claim upon its face, and so greatly enhances its value.

5. "Dr. Sharp says: 'For myself, I think I may now, with a quiet mind, take my leave of homœopathy;' but it is an idle boast—he cannot; and the next case of facial neuralgia, sore throat, or cold in the head he prescribes for he must still be guided to the right remedy by the homœopathic rule—*antipraxy* would not help him one atom." This only shows how entirely Dr. Dudgeon has failed to understand what is meant by *antipraxy*, and, therefore, how unqualified he is to criticise it. If others are not yet clear about its meaning, I ask them to listen and to think: I have taken in health a few doses, each of one drop of *opium* 1; it has relaxed the bowels. I have taken the same doses, and have often given them to others, for constipation; the doses have removed the ailment. Is not this action of *opium* a *contrary*, and not a similar action? Certain larger doses of *opium* taken in health constipate the bowels; therefore they are given by physicians of the old school for diarrhœa. Are not both these prescriptions dictated by the same law of *contraries*? There is no pretence for introducing the formula *similia* here. In addition, this view has the immense advantage over homœopathy of showing us the *dose* as well as the drug. It ought not to be forgotten that the action of a drug is the same, or tends to be the same, in disease as in health. The present custom of calling the action in health its physiological action, and that in disease its therapeutic action, hides this fact, and is misleading and ought to be abandoned. The action is the same in both cases, excepting only any hindrances it may meet with in either case.

6. Dr. Dudgeon next speaks of *digitalis*, and says of it: "It is doubtful whether *digitalis* is an unconditional diuretic, *i.e.*, that it causes diuresis in the healthy; most authorities deny that it is." What, then, it will be asked, is the value of Hahnemann's provings? This is his statement: "*Digitalis purpurea*. This drug has been tried by myself and Becher, Dr. Franz, Dr. Gross,



Hornburg, Jahr, Dr. Langhammer, Lehmann, Meyer, Piepers, Dr. Rückert, Dr. Stapf, Tenthorn, Dr. Trinks." Fourteen provers. "*Urinary organs.* Desire to urinate, a large quantity of healthy-looking urine being emitted (a. 8, 9, 10 h.). Desire to urinate, with a copious emission of ordinary urine. Excessive emission of urine day and night for forty-eight hours, with great exhaustion (a. 2 h.). Enuresis."\* After what Dr. Dudgeon has now said, what is the value of these experiments in health?

7. "Again, in most cases of poisoning by *digitalis*—therefore, from very large doses—the urine was either suppressed or rendered very scanty, so that Dr. Sharp's  $\frac{1}{100}$ th of a drop doses, which he gives us to understand are small doses, should have caused, not suppression but increased flow." This proves how little attention Dr. Dudgeon has given to the description of antipraxy. It has been reiterated many times that antipraxy, by our present knowledge, is limited to *certain larger and certain smaller* doses of each drug, and that there are other doses, both larger and smaller than these, to which we do not yet know that it applies. These "very large" doses of *digitalis*, like very large doses of *opium*, and possibly of all drugs, are *not* included in the law. The same has been said of infinitesimal doses. I am glad once more to ask attention to these necessary limitations.

8. "*Arsenic*, he tells us, in larger doses causes diarrhœa, in smaller constipation. Is this so? We read in Dr. Sharp's *Therapeutics*, p. 81, that he took 'the third dilution (a small dose, surely—indeed, his very smallest dose) three times a day for a fortnight, this ended in a smart attack of diarrhœa.' But according to *antipraxy* it ought to have caused constipation." This also gives me an opportunity which pleases me to remind my readers that it is quite possible to find that by a *repetition* of the smaller doses the action of the larger doses is caused. I have repeatedly seen it. The paragraph from which Dr. Dudgeon has quoted is as follows: "By the advice of my friend Dr. Henry Ramsbotham, I next took *arsenic* in the second dilution, a drop three times a day for a week, and had at first increase of appetite, [the natural effect of the smaller doses], then some

\* *Hahnemann's Chronic Diseases*, by Dr. Hempel, vol. iii., p. 215. 1846.

nausea, [the beginning of the action of the larger doses] ; after waiting a week the third dilution was taken three times a day for a fortnight, and this ended in a smart attack of diarrhœa." It is essential to notice that the *arsenic* had first been taken *three times a day* for a *week* in the *second* dilution, by which time the stomach had been affected to the extent of nausea. With an interval of only a week the third dilution was taken *three times a day* for a *fortnight*. I am very sensitive to the action of small doses, having taken none other for nearly forty years, and it was not surprising that the accumulation of small doses resulted in the production of the effects of the larger ones. I was out of health at the time, and these and other drugs were taken as remedies, and their actions were quite consistent with antipraxy.

9. There are other topics, but the Editors tell me that they have very little space left, and I fear this already has been exceeded. Besides I think enough has been said.

Horton House, Rugby, September 6th, 1888.

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## REVIEWS.

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*The Common Ailments of Women, and their Curability by Simple Measures.* By EDWARD T. BLAKE, M.D., &c. 2nd Edition. London: E. Gould & Son, 59, Moorgate Street, E.C. 1888.

THE interest of this essay, and it is very interesting, consists in the cases reported. They are one and all cases of ill-health of various kinds which had been originally treated with special reference to the organ that *seemed* to be at fault, the symptoms of which—melancholia, cough, headache, and so on—were found to be but reflexes from irritation of one or other of the tissues of the uterus, or of some misplacement of that organ, and cured on the irritation being subdued or the flexion righted.

We have still a great deal to learn regarding the reflex origin of much intractable suffering. The lesson which such as we have teaches is the duty of examining the state of every organ of the body in all cases, especially in those which do not yield to well-attested remedial measures.

*Deafness ; its Causes, Prevention and Cure, and the Care of the Ears.* By J. W. HAYWARD, M.D., and C. W. HAYWARD, M.D. London: Gould & Son, 59, Moorgate Street, E.C. 1888.

THIS brief essay contains a great deal of useful and clearly stated information on the subject of which it treats. If people only realised the fact that their eyes and ears required attention, and that their retention of sight and hearing depended upon their recognising the necessity of not exposing the organs through which these senses are exercised to the causes of disease, and of seeking the advice of educated physicians at the earliest period of the commencement of an illness, there would be much less complete or partial blindness and deafness in the world than we meet with at present. The little book before us will assist in informing the people as to how they may take care of their ears.

## NOTABILIA.

### BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of British Homœopathic Practitioners took place at the Midland Medical Institute, Birmingham, on Thursday, the 20th ult. About fifty members were present. The proceedings were opened by an address from the President (Dr. Dyce Brown), which appears *in extenso* at page 581 of our present number. At its conclusion a vote of thanks, proposed by Mr. Butcher and seconded by Dr. Clifton, was cordially tendered to the President.

After a brief interval, a telegram was read from Dr. Burnett, stating that owing to illness he was unable to be present, but had sent his paper to the Secretary, who had undertaken to read it.

Dr. Gibbs Blake was first called upon to read his paper on *The Therapeutics of Excessive Urea*. Before commencing to do so he referred to some remarks of the President regarding Mr. Pemberton, saying that since 1875 Mr. Pemberton had ceased all active opposition to them.

Dr. Blake then read his paper, which gave rise to a very interesting discussion. This paper and the discussion we hope to publish next month.

By invitation of Dr. Gibbs Blake, the President of Mason's College, the Members of Congress adjourned to lunch at the College, after which Dr. Blake conducted them through the library, laboratories, and class rooms.

On resuming business, the Report of the 1887 Congress was read by Dr. Hawkes, and that of the Hahnemann Publishing Society by Dr. Hayward. The place of next

meeting was then discussed, and Tunbridge Wells was agreed upon, Dr. Blackley, of Manchester, being elected President, and Dr. Pope, Vice-President, with Dr. Madden as Treasurer, Dr. Dyce Brown as general, and Dr. Neild and Mr. Pincott as local Secretaries.

After the reading of Dr. Wolston's paper on *Naso-Pharyngeal Growths*, and a very full discussion thereon, the lateness of the hour prevented Dr. Burnett's paper being read; it will, however, appear in our next number. The proceedings were brought to a close with a hearty vote of thanks to the President.

The members dined together in the evening at the Grand Hotel.

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#### THE HOMŒOPATHIC CONVALESCENT HOME, EASTBOURNE.

THE first Convalescent Home established in this country in connection with homœopathy was opened at Eastbourne on the 25th August. Most warmly do we congratulate Major Vaughan Morgan and the members of the Board of Management of the London Homœopathic Hospital on the event. The efforts that have been made to provide the funds, the numerous inquiries and visitations that have been instituted and paid in order to ensure the selection of a locality presenting all that is necessary to secure the recovery of convalescents, the negotiations that have been carried on with regard to the purchase of a house, and finally, when all had been arranged, the necessity of overcoming the unexpected opposition presented by the owners and tenants of neighbouring property to the establishment of an institution of the kind in their midst, have constituted the undertaking one of a most arduous character—one which nothing but a thorough determination to render it successful, coupled with tact, ingenuity and patience in carrying out this determination, could have been completed.

The initial gift of £1,000 by Mrs. Clifton Browne, followed by contributions of £100 from Mrs. Vaughan Morgan, Miss Durning Smith, Mr. Staff, the Misses Barton, and Mr. and Mrs. F. G. Smart, of £50 each from Mr. H. Tate, Lord Dysart, and Mr. M. Powell, and of donations of from £10 to £25 from Mrs. A. Gordon, Friends of Mrs. Vaughan Morgan, Mr. Walter V. Morgan, Mrs. S. V. Morgan, Friends of Misses Barton, Mr. R. B. Evered, Mrs. Lacock, Miss S. A. Crampton, Miss Green, Mr. S. Clarke, Mr. T. Holt, and Messrs. Epps & Co., together with smaller sums from many others, effectually lessened the money difficulty, which was further diminished by a sum of £300 derived from the concert arranged by Major Vaughan Morgan, and, by the kindness of the Duke

of Westminster, held at Grosvenor House last spring. In addition to these sums is one of £500 given by the late Mr. G. Sturge to the London Homœopathic Hospital to form the nucleus of a Convalescent Home to be established in connection with it; and yet again, a legacy of £500—the first bequeathed to it—has just been left to the Home by General Sir James Alexander, K.C.B.

These contributors may justly be regarded as the Founders of the Home. We trust that the example that they have provided will be largely followed, and that with an increasing number of liberal donations the Board may be able to increase their sphere of operations by the purchase of one or more adjoining houses. The Board of Management having become possessed of the necessary funds, Brighton, Hastings, Tunbridge Wells, Southboro', and other health resorts of good repute were visited by Major Morgan and others, and ultimately Eastbourne was chosen as being a town and district in all respects well suited for the purposes of such an institution. Here a singularly well situated house was purchased and adapted to the requirements of the Home. No sooner, however, was the purchase completed than the neighbouring residents entered their protest against the house being used for the purpose for which it had been procured, on the ground that it would, so occupied, depreciate the value of the surrounding property! This, moreover, notwithstanding that the Princess Alice Memorial Hospital was almost directly opposite to it! After two months spent in endeavouring to overcome the prejudices of their neighbours by the Board, the opening of the Home, which was to have taken place in June, had to be deferred until the 25th of August, when it was visited by the Mayor of Eastbourne, who, together with upwards of a hundred other influential residents, was received by Major Vaughan Morgan and Miss Brew, the Lady Superintendent of the London Homœopathic Hospital. The rooms were decorated with flowers and various ornaments, and everything looked bright and gay. On this, the first day, there were in the Home four patients and three nurses.

The Home contains twenty-one beds, eighteen of which are at the disposal of patients. One room has been set apart for nurses in attendance or requiring rest, and one for patients who will prove remunerative to the institution. The remainder will be at the disposal of subscribers. As it is intended to render the Home self-supporting, and as the occupant of each bed will, it is estimated, cost fourteen shillings a week, the following regulations regarding admissions have been adopted:—

“Annual subscribers of one guinea and donors of twenty guineas have the privilege of recommending for admission one

patient yearly for a period not exceeding three weeks. An annual subscription of two guineas or donation of forty guineas also covers, for three weeks annually, a patient's weekly payment of 7s., if given for that object. Proportionate advantages accrue to larger donors and subscribers.

"The cost of endowment of a bed in the Home—entitling to have one bed always at the disposal of the donor, absolutely free of any payment by the patient—is £1,000, or by annual subscription £50. The wards are named in memory of the larger supporters of the Convalescent Home.

"All cases recommended for admission must be medically certified as not having suffered from any form of infectious or contagious disease."

The Home will not only be used for the reception of convalescents, but will also form a branch of the London Homœopathic Hospital Nursing Institute. This will, we are sure, be found to be a great boon to the residents in Eastbourne, as it is well known that no more efficient nurses can be procured than those trained in and sent out by the one hospital in London.

Dr. Walther has been appointed the consulting physician, and Dr. A. H. Croucher physician in ordinary to the Home.

Two excellent photographs of the Home have been published, the larger of which will be presented to each donor and every subscriber of two guineas; other subscribers will each receive one of the smaller size. They can be obtained by anyone from the Home, mounted on cardboard, at 2s. and 1s. 6d. respectively.

As money to support and extend the institution is still needed, we may add that annual subscriptions and donations may be contributed through the Matron of the Home, Miss Batty; or sent by cheque or money order payable to G. A. Cross, Secretary; or to any of the Members of the Committee; or to the Honorary Secretary, Miss Florence Lewis, Meadhurst, Eastbourne.

The bankers are Messrs. Stilwell & Sons, 21, Great George Street, Westminster.

The following interesting description of the building and notice of its opening appeared in the *Eastbourne Gazette* of the 29th of August.

"The Home, which is built of red brick relieved by bands of white, is delightfully placed at the upper end of Enys Road, (No. 66). From the windows a view of the sea, distant a little more than a mile 'as the crow flies,' is obtained on one side, and on the other are the green 'downs' from which invigorating and health-restoring breezes are wafted. Thus from an hygienic point of view the situation is unsurpassable.

The interior of the house is, as we have said, admirably arranged. On the ground floor, on the right of the hall, which we may say is spacious and airy and at once imparts the sensation of cheerfulness and comfort on entering, is the matron's room, in which she transacts her official business; opposite on the left is a handsomely furnished sitting room, which on the occasion of our visit, was beautifully adorned with flowers, whose loveliness was only equalled by the exquisite taste which characterised their arrangement. This will be readily imagined when we say it was the sympathetic work—or perhaps it would be more correct to use the term pleasure—of Miss Sutton, a warm supporter of the Home, who is unrivalled for her innate talent in this fascinating art—for that it is an “art” will be admitted by those who have witnessed the effect produced by this lady at some of our flower shows. Further on is a dining room, eighteen feet by fourteen feet, also well furnished, opening from the hall; and behind is a large and well-fitted kitchen, together with the necessary offices. We may notice here that great care is taken to ensure the patients pure water to drink—not that there is any ground for questioning the quality of the water supplied by the Eastbourne Waterworks Company, which is acknowledged to be specially good—but the use of the Silicated Carbon Company's filters, four of which have been presented by the Company to the Home, makes it certain that no mistake in this respect will occur. These filters are reputed to be, if not the very best, at least as effective as the very best, and an anecdote is current of Professor Wanklyn, who tested them with others at the request, we believe, of the *Lancet*, not only having reported in their favour, but backed up his opinion by putting an infusion of strychnine into one of them, and drinking the water after it had passed through.

“The sleeping arrangements are equally deserving of praise. On the first floor is a comfortable bedroom for the matron, and opposite to it a well-furnished bedroom for one paying patient (which the institution is at present limited to). Over the front sitting room is the ‘Clifton Brown’ ward, fitted for four patients, and, of course, with separate beds. The bedsteads throughout are of iron, with wire stretchers for the mattresses to rest on, thus ensuring cleanliness. Behind this, over the dining room, is the ‘Alice Lucy’ ward (each ward being named after some special benefactor to the Home), also fitted for four patients. Both wards, as may be said for the rest of the rooms, have those necessary conveniences, good cupboards. On the upper floor are the ‘Durning Smith’ ward, for five adults; and the ‘Barton’ ward, for five



children. There is also a three-bedded room for the nurses, which is to be called the 'Cameron' ward. These nurses, besides their occupation in the Home, will be available for the public, when their services are required; and we consider by this provision alone, the founders of the Home are conferring a boon upon the town—the priceless value of which can only be justly estimated by those who have had the misfortune to be placed in an emergency where the help of *skilled* nursing is requisite. There is also a good-sized servants' room. The house throughout is well carpeted with thick useful cloth, of a serviceable colour, and, in fact, utility and comfort seem to have been in the minds of those who have had direction of the arrangements, among whom Major and Mrs. Vaughan Morgan may be prominently named. We may add that most of the furniture and all the ornaments have been generously provided by voluntary contributions, and that everything else required for this Convalescent Home has been purchased in the town.

"The 'Home,' which we omitted to say, is nearly opposite the Princess Alice Memorial Hospital, is under the management of an experienced matron, Miss Batty, whose knowledge has been acquired at Guy's Hospital.

"During the afternoon it was visited by a large number of ladies and gentlemen, including the Mayor and Mrs. Boulton, who were received by Major Vaughan-Morgan, the Chairman of the London Homœopathic Hospital and the Eastbourne Convalescent Home. They all expressed themselves delighted with all they saw, and showed an interest in the four patients and the nurses, who had arrived on the opening day, under the charge of Miss Brew, the Lady Superintendent of Nursing at the Hospital in London."

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### ÆTHUSA CYNAPIUM.

THE following case of poisoning by this plant is recorded in the *Lancet* of the 14th July, by Dr. Sugden, the house-surgeon of the Birkenhead Hospital:—

"Joseph P——, aged nineteen, applied at the Birkenhead Borough Hospital, at 8.30 a.m., on June 29th. He stated that on the previous evening he gathered by the hedgeside several leaves of a herb he thought to be tansy. Before going to bed he ate a few of these leaves, and about 8 o'clock in the morning he began to vomit; this vomiting continued for three or four hours off and on till he came to the hospital. When I saw him at 8.30 a.m. he complained of nausea and headache, with a burning sensation about the mouth and

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throat. The pupils were widely dilated, and the pulse very quick and feeble. The patient was put to bed, and no treatment ordered beyond a five-grain calomel powder and an ounce of castor oil. By the next morning he was quite well. The lad brought with him a piece of the herb, which was undoubtedly fool's parsley, and the case is interesting in view of the experiments made some years ago by Dr. John Harley (St. Thomas's Hospital), which were supposed to prove that the herb was completely harmless."

*The Cyclopædia of Drug Pathogenesis* also says that the probability is that the plant is harmless. Possibly the discrepancies in observation which have given rise to this conclusion have arisen from the period of the year when the plant was gathered, it being more active at certain seasons than at others. That it has considerable medicinal power, such cases as that reported by Dr. Sugden prove.

Dr. Clifton, of Northampton (*Monthly Homœopathic Review*, Vol. xii., p. 400), says that he has found it "a useful remedy in convulsions in children suffering from gastro-enteric irritation characterised by colicky pains, greenish stools, with tenesmus before and after each motion, and a distended and tender abdomen. The convulsions were attended by dilated pupils, the eyeballs directed downwards, the fingers and thumbs clenched." He had also "seen advantage from it in cases of headache, when there was giddiness when walking and looking upwards, together with palpitation of the heart and a weak and intermitting pulse."

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### THE ETHICS OF MEDICINE.

In the course of an address to students, the *Lancet* gives the following very excellent advice, which may with advantage be read by all engaged in practising the profession of medicine:—

"In nothing is the tradition of medical conduct more particular than in reference to the treatment of medical brethren. There is to be more than courtesy, a feeling of consideration and even self-sacrifice towards those with whom we are in professional relations. No amount of competition can excuse us from the cultivation of this spirit. Not even the want of such a spirit in our neighbour, and perhaps our rival practitioner can absolve us from the obligation of having and of fostering it. It may seem a hard doctrine that we are to be all that is generous even in dealing with a neighbour who is not generous at all, and who is not himself very scrupulous in his methods. But it is even so; and in the long run we venture to say that such ethics will have the advantage of the opposite ones."

### IN-GROWING TOE-NAIL.

At a meeting of the New York County Homœopathic Medical Society last May, Dr. John H. Thompson, of New York, in a paper on "In-growing Toe-nail," reported in the *New York Medical Times*, gave the following method of treating this painful disorder as one which he had found highly successful :—

"The first thing to do in a case where there is suppuration is to gently wipe away as much of the discharge as possible with a little absorbent cotton tucked between the nail and overlapping skin with the flat end of a silver probe, not causing the patient too much pain, as it is not important to wipe it dry; then pack in some *very finely powdered* red precipitate of mercury. Cover the toe with a film of cotton or thin piece of old muslin, and bandage lightly.

"In bad cases which are of long standing, or where there is much suppuration, this dressing must be repeated every day, each time removing the portions of the powder and discharge which are caked together; wipe out the pus again and apply a fresh supply of the powder.

"Even in bad cases there will not be much pain in dressing after three or four days.

"Soon it will be seen that the edge of the skin which has grown up on the nail has become dry and shrivelled. This edge should be peeled off or cut with a pair of scissors as soon as practicable without causing pain, and in this way abnormal growth of skin will be reduced so that the edge of the nail will be easily visible. As soon as it is possible some of the powdered red precipitate should be introduced under the edge of the nail, which will cause the skin to be hardened as the suppuration ceases. The nail is seldom to be interfered with, unless by the injudicious cutting, which has been done previous to this treatment, some roughness or sharp point should be left; then it may be gently and carefully smoothed off.

"When the nail grows out the end of it should be cut squarely, so that the corners of it are beyond the groove at the side; then there will not be any danger of a recurrence of this disease.

"I have practised this method for twenty-five years, with perfect success in every case."

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### SILICATED CARBON FILTERS.

THE Homœopathic Convalescent Home recently opened at Eastbourne, which is working in connection with the London Homœopathic Hospital in Great Ormond Street, has been fitted throughout with Patent Self-Aërating Silicated Carbon Filters.

## CORRESPONDENCE.

## CONVALESCENT HOME.

*To the Editors of the "Monthly Homœopathic Review."*

Gentlemen,—At last the Homœopathic Convalescent Home is what the French call *un fait accompli*, and it is not only purchased and furnished but occupied with patients and nurses. There are, however, several beds still unoccupied, and all subscribers are reminded that accommodation is ready, the Home being fully organised; while non-subscribers are reminded that they can at once become supporters and make use of their privileges. Nor will it surprise those who know the character of the board of management of the hospital (who have undertaken the task of providing this Home) that they are already contemplating its extension. On the one hand it is found to be difficult to make arrangements for the joint occupancy of men and women, and on the other an opportunity has arisen of extending it on very favourable terms. I think it is Shakespeare who says, "There is a tide in the affairs of Convalescent Homes," &c. Well, our tide is now rising. It is pretty generally known that the opening of the Home has been delayed by the opposition of some neighbours, who feared that such an establishment would deteriorate their property. Legally, we have proved our right to proceed, but an opposite neighbour now pleads to have his two houses taken for the same purpose, and proves the *bona fides* of his alarm by offering them on very advantageous terms. If these two houses could be added to the scheme, it would enable the promoters to devote one house to the reception of men, one to that of women, while the third could be utilised for nurses and children. The present Home will accommodate eighteen patients, the three would be able to receive about sixty; and as the Home is established on the self-supporting plan nothing is required beyond the capital to purchase and furnish. Roughly speaking, the extension would cost £3,000 all told, and the treasurer has in hand about £1,000, and a legacy will be applicable to the purpose which has been left to the Home by the late Sir James Alexander of £500. Therefore, to take advantage of our tide, we really only need £1,500! and surely such a sum will be readily forthcoming for so good a cause. Who will give £1,000, or what fifteen friends will give £100 each? I am not a prophet, therefore cannot foretell the answer to that

question, but I hope to solve the mystery in your December issue, and, in the meantime, remain,

Yours truly, WM. VAUGHAN MORGAN.

P.S.—The ladies of Eastbourne have decided to have a fancy sale in December, and this added to the promises of collections in churches, will, it is hoped, greatly assist the Maintenance Fund. All friends of the cause are earnestly requested to contribute articles of utility or art, which can be forwarded to the Home or the Hospital.

### “SANITAS” AS A LOCAL ANTISEPTIC.

*To the Editors of the “Monthly Homœopathic Review.”*

Gentlemen,—In your review of my recently published work on “Nature’s Hygiene,” it is stated on page 561 that “Excellent disinfectant as ‘Sanitas’ is, we are inclined to think that, as a local antiseptic, the silico-fluoride of soda, introduced by Professor Thomson at the British Association last autumn, is likely to outstrip it in popularity and usefulness.”

I cannot share this opinion, for reasons which, with your permission, I will very briefly indicate. By carefully conducted experiments I have ascertained that a saturated aqueous solution of “Salufer” (Thomson’s antiseptic) is *not superior* in action as an antiseptic to the ordinary “Sanitas” fluid of commerce, and that 10 cubic centimetres of the last named solution is equal in effect to 5 cubic centimetres of a 5 per cent. solution of corrosive sublimate, which is the most powerful antiseptic agent available.

Further, in actual practice, although “Sanitas” fluid may be used undiluted if required, it may ordinarily be diluted with at least nine times its own quantity of water before use, and when of this strength it constitutes a thoroughly reliable local antiseptic, which is superior to a similarly diluted solution of Salufer for two reasons at least, viz., firstly, because the constituents of “Sanitas” fluid are in part volatile, and thus an antiseptic condition of the atmosphere immediately near is secured; secondly and mainly, because, besides being equal to “Salufer” as an antiseptic, it also acts as a gentle oxidising agent by reason of the peroxide of hydrogen which it contains.

Now “Salufer” has no oxidising capacity, and consequently as a local antiseptic, and as a general disinfectant, it cannot take rank with “Sanitas.” It is not merely necessary to keep wounds, &c., from further septic change: it is absolutely essential to free them from already formed toxic products, which are derived from pre-septic changes, and in this respect “Salufer” is of no value, while “Sanitas” oxidises such toxic products on contact.

Thus, it will be evident to all scientific students of such questions that "Sanitas" ought to retain its popularity even as a local antiseptic, because it is better qualified for employment, and is therefore more useful. As for the pleasant and innoxious character of "Sanitas" it is a well accepted fact, and therefore does not call for further comment.

I am, Gentlemen,

Yours faithfully,

C. T. KINGZETT, F.I.C., F.C.S.,  
Vice-President Society of Public Analysts, &c.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

### ERRATUM.

At page 558 (September), line 12, for "habitually" read "partially."

DR. T. FRANKLIN SMITH.—Your letter dated "Niagara Falls, June 27, 1888," but bearing the post-marks of Niagara Falls, Sept. 10, 7 a.m., and New York, Sept. 11, 7 a.m., was received by us on the 21st of last month. The information it contains was given in *The Review* for August, page 500, and the correction we notified at page 128 of our February issue.

Dr. KENNEDY and Dr. ARTHUR KENNEDY request us to state that they have removed from Blackheath and Conduit Street to 22, George Street, Hanover Square.

Communications, &c., have been received from Major VAUGHAN MORGAN, Dr. YELDHAM, Mr. C. KNOX SHAW, Dr. BUCK (London); Dr. HAYWARD and Dr. C. W. HAYWARD (Liverpool); Dr. SHARP (Rugby); Dr. DUNCAN (Chicago), &c.

## BOOKS RECEIVED.

*Tumours of the Breast and their Treatment and Cure by Medicines.* By J. C. Burnett, M.D. London: James Epps & Co. 1888.—*The Homœopathic Therapeutics of Diarrhœa, &c.* By J. B. Bell, M.D. Philadelphia: F. E. Boericke. 1888.—*The Homœopathic World.* London. September.—*The Hospital Gazette.* London. September.—*The Chemist and Druggist.* London. September.—*The Monthly Magazine of Pharmacy.* London. September.—*Report of the St. Lawrence Convalescent Home, Slough.*—*Report of the North of England Children's Sanatorium, Southport.* 1888.—*The North American Journal of Homœopathy.* New York. August.—*The New York Medical Times.* September.—*The American Homœopathist.* New York. August.—*The Medical Record.* New York. September.—*The New England Medical Gazette.* Boston. September.—*The Hahnemannian Monthly.* Philadelphia. September.—*The Medical Era.* Chicago. September.—*The Clinique.* Chicago. August.—*The Medical Advance.* Chicago. September.—*The Medical Counsellor.* Ann Arbor. August.—*The California Homœopath.* San Francisco. August.—*Bulletin de la Soc. Med. Hom. de France.* August.—*Bibliothèque Homœopathique.* Paris.—*Revue Homœopathique Belge.* Brussels.—*Allgemeine Hom. Zeitung.* Leipsic. September.—*Leipziger Populäre Zeitschrift für Homœopathie.* September.—*Zeitschrift für Homœopathische Thierheilkunde.* Leipsic. September.—*Rivista Omiopatica.* Rome. August.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE MODERN MASSAGE TREATMENT IN COM- BINATION WITH THE ELECTRIC BATH.

By V. JAGIELSKI, M.D., Berlin ; M.R.C.P., London.

Physician in Ordinary to the Infirmary for Consumption, Diseases of the Chest and Throat, Margaret Street, W. ; Consulting Physician to the Royal York Baths Therapeutic Institution, N.W. ; &c., &c.

THE Massage Treatment, comparatively new in this country, has usually been supposed, by most of those who have not specially directed their attention to the subject, to be what has for a long time past been popularly known as "medical rubbing," an expression no doubt derived from the shampooing of the Turkish bath, or from "the Swedish Movement Cure ;" but this is by no means the whole signification of the term "massage."

The great Ling defined the physiological action of every single muscle and of groups of muscles, which he utilised for the treatment of pathological conditions. The great Duchenne of Boulogne employed the electric current to demonstrate on the living body the single or collective action of muscles through their contractions and relaxations. The functions of every muscle were afterwards scientifically determined ; the nerves which supplied them were carefully studied, and their connections with the central nervous systems defined ; their control over the action of the muscles proved ; and the



haphazard use of gymnastic exercise superseded by real scientific practice ; the influence exerted by the exercise of the muscles over the chest and abdominal organs was explained ; and the value of chest expansion and of the circulation of the blood and its oxidation rendered intelligible.

*Modern massage* differs from the methods just mentioned, in that it differentiates between the several tissues, vascular, nervous, serous, fibrous, &c., of one or more of the individual parts affected, restricting the diagnosis more distinctly to the anatomical or pathological lesions which represent the particular focus or causations of suffering. Branting, a pupil of Ling, successfully turned these physiological movements to account in the treatment of disease ; then the treatment of the nervous system became specified, and the stimulation of the brain and of the spinal and sympathetic nerves was studied under modern massage. The most opposite conditions of suffering were thus mastered in conjunction with electric treatment ; paralysis and cramp, twitching and spasms were overcome ; wakefulness and heavy sleepiness were cured, and the vital powers restored and balanced. The active, passive and combined exercises were each separately studied ; or, in other words, the voluntary movements of a patient with or without the resistance of the manipulator, were carried out when it became possible to measure progressively the patient's energy and power of resistance. Thus the movements of the operator's hand called in French, *effleurage*, *pétrissage*, *tapôtement* and *friction* (terms adopted by some English writers) were adapted to special conditions of suffering.

It has been generally found that suffering which has become localised in the nerves of the skin or muscles may be transferred from its periphery towards the centre of the nervous system itself ; or the nervous centre may be primarily affected, but show itself only in the extent of its nerve branches when acted upon by external pressure, as in hyperæsthesia, neurasthenia, hysteria, chorea and all excited conditions of the nerves.

Certain impressions upon the central emotional system are liable to act very suddenly upon our organs, external or internal ; for instance, the very idea of fear produces the well-known *cutis anserina*, or shivering down the

spine, and its continuation in the nerves of the extremities, which may be numbed or even paralysed. Persons thus affected are often unable to make a single step forward; and it is well known that some public speakers, singers and actors, merely through the idea of having to appear before the public, especially at the beginning of their career, frequently feel an irresistible call to urinate or defæcate, or tremble to such a degree that anything they hold in their hands is violently shaken to and fro, and yet they may be thoroughly competent and even distinguished in their several professions. I could easily multiply these illustrations, but every one will be able to supply them from his own experience. This merely serves to show that external impressions, through seeing, hearing, &c., may influence our imagination to such a degree that our power of moral control may suddenly become impaired.

The appetite certainly suffers considerably from fear, anger, worry, anxiety, and all kinds of unpleasant surprises. Transitory or more serious indigestion and dyspepsia result; "biliousness" may invade our whole constitution and cause chronic dyspepsia, as well as constipation, headache, sleeplessness, dislike to physical movement or mental activity, &c. It may even show on the skin the results of impure blood, in the form of eruptions, as nettle-rash, herpes, eczema, acne, furunculosis, &c.

If we now follow up the changes which take place through the nerves in the vascular system of our body, we shall see that many serious illnesses, localised in the heart or in the lymphatic glands, are due to the altered control of our nerves over the blood vessels and lymphatics, so that most serious constitutional trouble may ensue, developing into dyscrasia and malignant diseases from congestions, inflammations, hypertrophy, dilations, hæmorrhages, &c., the ultimate tendency of which is to produce consumption or cancer, and by degrees to affect more or less powerfully the general healthy balance of a single organ, or indeed our whole constitution.

Now, it is a singular fact that the massage treatment, in its various forms of movement and excitation by friction, pressure, pummelling, pounding, kneading, pinching, and all the other vibrations and manipula-

tions, not only revives the peripheral parts upon which the manifestation of our operations is directed, but also produces, by this local, physical, manual, or digital pressure, an effect upon distant organs by reflex action. For instance, I touch, say, the toe at a point where pain is felt on pressure, and the reaction is followed through the spine and brain by sharp involuntary movements of the whole body, accompanied by moaning, a loud cry, or some kind of painful exclamation. Similarly, but also in a reflex manner, we may produce oscillation and movement in parts which, being distant, have not previously responded to any stimulating action. In pinching a peripheral part or the end of the nerves slightly or forcibly, I produce a reaction upon those organs which lie more or less directly under the attacked locality, and to which the nerves form as it were the conducting wires of sensibility through their sensory fibres; and this may be followed by quick muscular contraction of the walls of blood-vessels, or any voluntary and involuntary muscles.

Sudden reflex action is evidently followed by the dilatation or contraction of some muscular mechanism; and its weakness or exhaustion may be combated by certain manipulations.

Under the influence of a vigorous massage we may restore cold and numbed extremities, and produce active perspiration. We thus diminish the afflux of blood to, or stagnation of the circulation in, internal parts, as the liver, lungs, kidneys, womb, ovaries and so on; we also reduce congestion due to previous want of such contraction and dilatations, or, in other words, due to the want of active and passive exercise and proper circulation. By this mode also we can increase our beneficial influence upon the patient's circulation by improving the oxidation of the blood itself if we constantly direct him to take deep inspirations, followed by corresponding forcible expirations. In this way we obtain very sudden and rapid changes in the appearance of our patient's face and skin generally. The massage is painful when we touch sensitive spots and continue to work them because we know that they stand in direct or indirect relation to the suffering in various parts and organs of the body; it is pleasant when smoothing down, or soothing painful impressions by corresponding agreeable manipulations;

we produce changes in the flow of blood to the cheeks, eyes, throat, &c., which suddenly assume colour and become turgescient; phenomena which may be observed as the result of a skilful *masseur's* manipulation.

It is an important rule never to allow a patient to check breathing when under the influence of pain, but on the contrary he should be urged to make increased breathing efforts, in order to facilitate circulation in the brain, lungs, heart, &c. Expansion of the chest through inspiration and expiration, as in reading aloud or singing, is a most healthy exercise for patients in what are apparently dangerous conditions of disease. We may with certainty prognosticate a successful progress in such patients as are affected not only with brain, heart or lung disorders, but even with diseases of the more distant organs in the abdominal cavity. More forcible ascending and descending motions of the diaphragm may be relied upon to produce a beneficial effect, especially upon the sexual and urinary tracts, which are more effectually moved, agitated, and pressed through the surrounding intestines, or the underlying muscles.

The direct influence of massage in a general way, and after a reasonably long-continued course, is noticed through the change in a patient after having been exposed, say for 20 or 30 minutes at a time, to a judicious manipulation. My advice is always to begin the massage treatment by what may be termed "a test massage," in order to thoroughly examine all those parts of the nervous system which are accessible and of importance to us as physicians.

In this way we may readily detect congestions of the spine, spinal irritation, spinal exhaustion and sensitiveness in nerves, where we did not previously to the test massage, suppose them to exist. Until then, and not before, such a thorough and conscientiously conducted examination of the spine over all its processes and vertebræ, a stiffness in the neck, a difficulty in the movements of the head, a pain in the throat region and between the shoulder blades, the ribs, the loins, etc., an impaired mobility of some muscles may easily be discovered. We must not, however, hope to perform miracles of cure in a short space of time, as so-called "magnetic masseurs" may pretend to do; especially

when we have to deal with chronic sufferings for which a longer period of treatment is necessary.

Cases of lumbago and sciatica may require very long continued treatment, especially if they have been developed during many months or years; and some of these cases may even necessitate additional remedies, internal and external, warm and cold baths, electric, ozone and sulphur baths, douches, etc.

We find the most valuable additional aid in electrical application, particularly through the medium of galvanoelectric or electro chemical warm water baths, Turkish baths and electric vapour baths. It is the general experience of patients who, directly after the massage, take the electric bath, that the latter calms and soothes in a perfectly unique manner.

Those not yet acquainted with the really wonderful effects of the electric bath ought to make themselves acquainted with it. In this form of applied electricity the current, before reaching the body, passes through a certain stratum of water, and its conductibility is the greater, the *warmer* the water surrounding the patient.

The Voltaic and Faradaic baths are both of well proved value in the treatment either taken alone or directly following the massage; rest immediately after the bath in a judiciously warmed cooling room, to which daylight, sunshine and fresh air have uninterrupted access, is much to be recommended. Massage itself requires a room warmed in the cold season to a temperature of at least 65° Fahr. The *novel massage bath*, single or double, is best administered in the shampooing room of a Turkish bath, which stands usually between 110° and 120° Fahr., as at the Royal York Baths, York Terrace, Regent's Park.

To show the value of this combined massage treatment, I may be permitted to describe succinctly a few cases which have come under my professional care.

A lady, M. S., 60 years of age and married, had been for several years under medical treatment for want of nerve energy, deficient memory, anæmia, want of appetite and indigestion, while at the same time she suffered from costiveness, sleeplessness and such a disconnection of ideas, that after having begun a sentence most clearly and eloquently she would suddenly lose the thread of her discourse. The consequence was that this

lady, being conscious of this deficiency, became annoyed and impatient, ultimately refraining from conversation altogether.

During the course of massage, which lasted for about two months and was given daily, the sleep and appetite improved, the bowels became active and regular, and the strength of brain power increased to such a degree that she quite recovered the command of her thoughts and her power of conversation.

The movements employed began from the top of the head, and continued down the face and the sides of the neck, including all those nerves and vessels which are so important to the circulation of the brain and the action of the heart and diaphragm. From the occiput down the whole spine and the back of the extremities, the movements were executed with a relatively increasing strength, when it was observed that the resistance of the patient, which at the commencement was almost *nil*, increased very rapidly, so that at the end she was able to bear what she would never have thought possible at the beginning of the treatment. One particular result of the massage may probably be worth mentioning. After about five weeks of daily treatment, a sudden, sharp aqueous discharge took place from the uterus and vagina to such an extent that the patient was obliged to change several diapers every day for nearly two days. The acridity of the discharge was manifested on the neighbouring external parts which were with great difficulty kept from excoriation, and gave place to a great deal of pruritus, very troublesome to the patient. After the cessation of this discharge the symptoms of improvement took a much more decided form and terminated in complete recovery.

This lady was sent to me by an eminent brain specialist, who testified his satisfaction at the result by sending me other patients.

One of these, Mr. G. L., 56 years old, one of our most popular accountants, had by degrees lost his general vigour and vital energy, probably through over-work in business. The result was want of sleep, impairment of appetite, great costiveness, biliousness, unhealthy appearance of the skin, and, as the most prominent and disagreeable symptom, inability to walk more than about a hundred yards. He was quite unable to take an active

part in his large business, and after protracted medical treatment despaired of again doing so. Massage, however, followed by an electric bath restored his appetite and walking powers, and overcame the sleeplessness and costiveness, so that he was considered cured after about three months' treatment.

Mrs. R. C. W., age 30, had several children and two abortions. The last abortion at three months, three years ago; since then generally declining in health, strength, appetite, sleep; losing flesh, becoming depressed, hysterical, irritable, crying without reason; getting hot in the face, flushed, uncomfortable after eating, bowels getting very costive. Purgative mineral waters, injections and opening pills, used first occasionally, afterwards regularly. Uterus anteverted, congested, hypertrophied, for which a pessary is worn; after this dragging pains in the lumbar region, appetite entirely gone, nausea and retching of food, great urgency to pass water every moment; patient had for all this been compelled to take much medicine, not excepting mercury. Then leeches were frequently applied *ad uterum*, until she felt great coldness, as if sitting in cold water, followed by pains in hips, groins, and down to the knees, which became so severe that she could walk no more, but was carried to her bath-chair or carriage; when at home she remained lying down on the sofa or in bed. She suffered much from flatulence, particularly in the left hypochondrium; had pain in the liver on deep inspiration and on pressure, as well as over the ovarian regions and bladder on pressure. *Uterus*: Cervix swollen, elongated, nodulous, with deep cicatrices between; fundus uteri pressing on bladder, secretions from os thick greyish yellow; os coccygis very painful on mere touch. The medicines used were locally cotton-wool tampon with glycerine, calendula, besides double-main massage (internally and externally). Internally *koumiss* was given, which restored the appetite, procured sleep, regulated the bowels, and increased the weight of the patient; the electric bath, which she used daily at her house, restored nerve strength, and gave tone to the ligaments of the womb and ovaries, increased the peristaltic movements of the bowels and of the abdominal organs, and strengthened the heart's action, the brain and nerves, while the combined internal and external massage did the remainder



to bring the patient back in the course of eight months to a comparatively comfortable state of health, which allowed her to enjoy her visit first to Scarborough and afterwards to the South of France, &c. On her return to London, in February, 1888, I was again called to resume the massage treatment with the patient, and at the end of six weeks' of massage, with the electric bath, she walked three miles comfortably, and without any pessary or tampon in vagina; her general health was as good as before her first miscarriage, and she enjoyed life in the midst of her family and a large circle of friends.

Lord A. P., 70 years old, had suffered for two years previously from severe pain in the muscles of the neck, a painful sensation down the muscles of the back, and especially pain from inveterate lumbago on both sides, which, however, eventually assumed the character of very acute sciatica in the left leg. This latter was his essential complaint when he presented himself for treatment. His sleep and night's rest were greatly impaired; his appetite was variable, and the bowels required constant medicine to keep them in proper order. The patient's head was bent forward and drawn to the left side, and his attitude was stooping. His walking power was greatly interfered with by the sciatica in the left side, so that he was obliged to use a stick whenever he desired to walk or even stand upright, in fact, he was almost lame. The muscles of the left leg were considerably diminished in size from want of proper use, owing to the pain and his inability either to lift up the thigh or to bend the leg at the knee, so that the left leg somewhat dragged behind. The patient's internal health was also unsatisfactory, as he suffered from severe gastralgia and migrating pains of a gouty nature in the abdominal plexuses.

The treatment, which consisted in massage, sometimes followed by a Turkish bath, brought to light a very great sensitiveness throughout the entire spine and over all the muscles of the back and loins. The sciatic nerve was exceedingly painful on pressure over the glutæi muscles, and along its whole course to the knee, ankle and sural nerve to the toes. These pains were reflected on any part over the whole length of the nerve when pressed at any point of its course. The *nervus cruralis* in front evinced equal tenderness on pressure, as did the other

nerves supplying the adductor muscles of the thigh, producing the particular phenomenon of keeping one thigh crossed over the other.

Massage proved very painful for over two months, but the benefit derived from the first two *séances* was so evident that it encouraged the patient to continue with perseverance and endurance. The result proved, after four months treatment, to be a thorough success, as the patient could walk without a stick, upright as in his younger days, and for any reasonable distance. The benefit his general health had derived was also thoroughly satisfactory, and the massage of the *plexus solaris* and all the other abdominal plexuses, which had been the seat of such violent pains and repeated attacks of neuralgia, had entirely subdued what medicines had failed to accomplish. The patient's own medical attendant came to see the massage treatment carried out at the beginning, and was surprised at the result obtained. The patient's subsequent health has remained wonderfully good, and he himself stated that the pain of the massage treatment was amply compensated by the benefit derived from it.

Mr. S. M., 56 years old, was lying ill at Holyhead for nine weeks, affected with very acute sciatica on the left side. He had suffered from it slightly for four years previously, and then was free up to ten weeks before the treatment commenced, having contracted the neuralgia by sitting on a cold bench, this imprudence being followed by very severe pain at night. At the same time the patient's general health appeared to have suffered to a considerable extent. He was ruptured on both sides, but could not wear a truss on the left side, owing to pain in the spine. The bowels were kept in action by the administration of Friedrichshall bitter water. The patient could not obtain relief from the most excruciating pain either by internal medicines or external applications, and passed his nights, which were always worse than the days, in desperate pain. He could not leave his bed nor change his position therein. He kept his suffering extremity bent and contracted over the other, and was quite unable to move it without intense pain. As the patient was desirous of following the advice of a friend whom I had completely cured of a similar complaint by massage treatment, the first step to be taken

in order to remove him to London was to administer *morphia* by hypodermic injection. This enabled him to reach the Royal York Baths; but he was carried from his carriage into my consulting room while still under the influence of the narcotic. The test massage proved very painful; but after nearly one hour's manipulation, he was able to stretch out his leg. He was then carried out into a Faradaic electric bath, of a temperature of 102° Fahrenheit, in which he remained for 20 minutes. This greatly soothed all his pains, and the daily repetition of both the massage and electric treatment for six weeks proved so effectual that he was completely cured of every single pain. He has remained entirely free from any return of sciatica up to the present time, and lately he wrote me that, should he at any time have another attack, he should certainly undergo the treatment again, only he would not wait until it had got such a hold upon his system. His general health had also become excellent.

Mr. E. de B., 68 years old, of very robust physique and great muscular development, suffered intense pain in the left knee, which had been nearly cured by massage at Amsterdam; but a pain remained in the left hip behind the trochanter major, deep within the muscles, which prevented him from sitting down in or rising from a chair, or even from turning round in his bed. He walked very lame and with the support of a stick. After six massages, followed by electric baths, he was able to declare himself perfectly cured, walking any reasonable distance without a stick, sitting down and rising up being now easy movements to him.

Mr. R. A., 67 years old, who had been obliged on account of his deafness to resign a valuable Government appointment eight years ago, after having consulted the best aurists here and on the Continent, regained his hearing after six weeks' daily massage. This case is recorded in this year's *Homœopathic Review*, page 79.

Miss F. P., suffering from fibroid tumour of the womb, for which she had been treated over seven months by Apostoli's electrolysis in London, with very little benefit, has improved wonderfully by general and internal massage from the very first *séance*; the dangerous menorrhagia was checked by the hot electric bath directly after the massage. The patient lost all

headaches, nausea, palpitations, pains, constipation, sleeplessness, inability to walk and work within three months; in fact, she then felt quite well, but remained under periodical treatment merely to survey the further diminution of the fibroid. This case too is recorded in the *Homœopathic Review* of this year, pages 403 and 404.

A married lady, Mrs. A. P., who has several grown up children, became affected with difficulty of walking in the right foot, which sometimes seized her in the street without any warning, when she was unable to proceed for a minute or two, until she recovered her power over the motor muscles. In November, 1886, she attacked by perimetritis, for which she was medically treated during several weeks. She then attempted to come to the baths in a carriage, but was obliged to desist through excessive pains in the abdomen, arising from the shaking of the carriage: returning home, the lady sent for me, when I found the womb hypertrophied and retroverted. She had had no stool for several days, and, on attempting to defæcate, she became faint with pain, the vaginal discharge being then thick and yellowish. The patient's nervous system was greatly affected. She became depressed in spirits, then hysterical; and passed her nights sleeplessly, being disturbed by great pain in the abdomen. The appetite was *nil*, and the pulse very quick, 130 per minute, while the skin remained hot and dry. Headaches, singing in the ears, and great pain in the back were noticeable, particularly on pressure along the cervical part of the spine, with much pain between the shoulders radiating towards the stomach. At times there was great distention of the stomach combined with flatulence. After meals the patient was compelled to loosen her dress in order to relieve the feeling of oppression. After a preliminary examination, I began the massage from the head, and continued it down the spine, around the loins to the front and down to the inguinal regions, with special pressure upon the ovaries, which were very sensitive. After repeated sittings, the menses, which had ceased for about nine months, reappeared, dark brown, acrid and offensive. During this period, which was protracted for twelve days, the massage was continued, the womb being repeatedly pressed between the index and middle finger of the right hand internally, and the left hand externally upon the

abdomen. Every day the discharge became more copious; but the pain and sensitiveness gradually disappeared and the size of the womb decreased. The friction, vibration and pressure over the ligaments corrected the retroversion considerably. The bowels began to act even without medicine, at first every other day, and then regularly every day. I ordered an injection of warm oil after every stool, two table-spoonfuls at a time, which were well retained and served to lubricate the parts and to facilitate the next motion. After three months' massage, first daily, then every second day, then twice a week, and finally once a week, the patient's general health improved considerably; the sudden difficulty of walking disappeared entirely; sleep was restored to a normal condition: and the local pains ceased. The electric baths, which were begun after the first month of massage, when the lady was able to attend at the establishment, were continued to the end of the treatment. The success which attended these two curative agents combined was so great that, when I examined the patient after six months from the commencement of the treatment, the womb had regained its natural position and size with but little *descensus*, while its ligaments had acquired more firmness and contractility.

In the present paper I content myself with recording the foregoing cases, although many others of great interest have come under my care, which have been cured by massage combined with electricity. In the cases I have here related I think the principal points of interest are contained in the following facts:—

Firstly. All were evidently incapable of cure by medicinal treatment or external applications and operations, and would certainly have gone on increasing in severity and in an unsatisfactory way, if they had not found relief in the massage and the electric bath treatment, which are, as yet, too little known and appreciated in this country, and have therefore found but little recommendation from physicians.

Secondly. The result of the treatment in these cases, proves that, even after a course of medication, to which the suffering body may have been subjected, a sudden and abrupt abandonment of all drugs is accompanied by very advantageous changes in the patient's health, his

remaining vital power and energy having been suppressed by various narcotics which only served to lull the pain into apparent quietude. And here I would parenthetically warn both physicians and patients against a too long continuance of the recently invented hypodermic injections with alkaloids.

After the cessation of the administration of narcotics in any form, the slightest cold, excited movement, over stimulus, occasional error in diet, are sufficient to cause a return of the whole painful malady. The safest means, therefore, to cure diseases of locomotion are those which appeal to the individual power still left in the patient, and massage *par excellence* proves its value by making the most of even a slight amount of vital energy left, and developing it into such gradual improvement as is calculated to increase the natural restorative power inherent in the individual, so as gradually and eventually to bring the patient back to his normal state of health—a consideration not lightly to be discarded.

Thirdly. It has been proved by these cases that the cure obtained has always been permanent, and this without any recourse to medicine, one or two applications of the same combined treatment being sufficient to counteract any subsequent tendency to relapse.

I would remark, in conclusion, that it is to be hoped the development of this new department in therapeutical science will be impartially regarded, and if found to commend itself to the unbiassed judgment, warmly embraced by all lovers of the human race who engage in the healing art.

#### DISCUSSION.

Dr. GILBERT asked if aggravation of the symptoms was a common thing in these cases; also what Dr. Jagielski meant by the treatment being a new departure.

Dr. DYCE BROWN was greatly interested in the paper. He said the principle of massage was a very old one. It was the production of an impression on peripheral nerves in order to affect a distant part. The use of the hand was quite different from other stimuli in its effects. The treatment was not uniformly successful. Some cases which certainly appeared as though they ought to be benefited were only aggravated; while others, and some of cancer, he had seen immensely benefited by it.



Dr. COYNER (of Illinois) asked what was the cause of the deafness in the case benefited by Dr. Jagielski's treatment; also if he used homœopathic remedies at all?

Dr. HUGHES fully approved of Dr. Jagielski's paper, and was especially interested in the cases. The thought uppermost in his mind was that suggested by Dr. Coyner—did Dr. Jagielski consider it necessary to withhold remedies of all kinds, even homœopathic? Would they not expedite the cure and prevent the temporary aggravation? Regarding sciatica, there was no disease he took up with more pleasure and expectation of curing.

Dr. GALLEY BLACKLEY had also listened to Dr. Jagielski's cases with great pleasure. He had recently had occasion to avail himself of the assistance of a masseur or of a masseuse in several cases. One patient was a lady of 47, who had been under his care for some years—stout, short, and of exceedingly feeble circulatory power, suffering from cold extremities even in very hot weather. This had been going on since the age of 14. Remedies acted well, but only for a few days. Massage produced sleep during half the first and all the second night. Now she slept well, having massage only every other night. The effect of the massage was to excite circulation in the extremities and skin. Another case was that of a lady who for many years had chronic rheumatic arthritis of the right wrist, which was deformed and swollen—either exostosis or eburnation. Baths did her good but did not cure. After six weeks of massage she became free from pain, and could now use her hand freely. These were cases where massage was used in addition to internal treatment.

Dr. DUDGEON said he thought the reason why most of the members had not been able to speak much about this paper was that they did not clearly know what massage was. He would like to know wherein it differed from shampooing and rubbing, such as they had been prescribing all their medical lives. He was familiar with the Swedish manipulations as practised by Roth, Georgii, and others. Another reason was that few of those present had employed rubbings alone. They had usually prescribed medicine also; so they were not quite in a position to criticise. Dr. Jagielski had seen good effects from manipulations alone. Dr. Dudgeon, like Dr. Hughes, wished to know if he did not sometimes use drugs simultaneously with massage.

Dr. DAY asked Dr. Jagielski if he ever combined the use of electricity and massage at the same time, massaging whilst electricity was being given; whether he applied the electricity to any special part, and in what cases this was indicated.

Dr. CARFRAE (President) thought there was often difficulty



in getting skilful masseuses. He had known cases where the masseuse had made patients very ill—diarrhoea and vomiting ensuing. In other cases it had had excellent effects in restoring lost power.

Dr. JAGIELSKI (in reply) thanked the meeting for the manner in which his paper had been received. To Dr. Day, he said, his paper was on massage combined with the electric bath. He preferred giving electricity by means of the bath for many reasons. It was not necessary to apply electricity to any special part. The current went through the water before it entered the body, and so entered at every point; and if it was from a very strong battery it lost much in passing through the water. Sometimes one electrode in the shape of a sponge was applied to the head of the patient, or the hand of the operator was employed. This was the best way, as the operator was then sure that not too much was being given; the current was also measured by volt-ampère meters. The electricity pervaded all parts equally and pleasantly. As to aggravation of symptoms, there was no question that such occurs where deposits have formed. This must be before the deposits can be made ready for removal. The combined treatment is preferable, because he had found in cases which had not done well with either massage or electric baths alone, he had succeeded when he employed them combined. The treatment of sciatica was sometimes very painful, aggravation occasionally following; its treatment should be continued every day or twice a day until a crisis was reached, after which the relief was very great. In one case where there were great numbness and anæsthesia in both lower extremities, their circumference was increased by two inches after three electric baths. After three days there was profuse flow of urine, and in the bath itself great perspiration, and the swelling subsided. The numbness and loss of feeling has disappeared. The case of deafness did not come to him for the deafness. He was treated for vertigo, palpitation, and great congestion to the head. It was a collateral effect. He had been treated homœopathically as well as allopathically before. Dr. Hughes might be sure he (Dr. Jagielski) did not neglect homœopathic remedies. He tried them if the patients had not already been under the treatment. Most of the patients who came to him had had all kinds of medical treatment. He had to put some of them into electric baths to get out the medicines that had been used. The patients manifested skin symptoms, and as these appeared they improved. He had often seen the skin eruptions peculiar to the drugs they had been taking come out when the electric current was administered. Joints were difficult to massage. It was

always best to begin with general massage, beginning in the middle line of the body. He sometimes began in the throat region—it was only there he could get at the nerves from the brain to the great viscera. There was one point in the neck which he could touch and so produce a cough. Reflex actions were very frequent and very interesting. In manipulating rough points in the uterus the patient would sometimes complain of pain in the heart, or the throat, a cramp and catching of breath or choking—just as in hysteria. Regarding Dr. Dudgeon's question, he said modern massage differentiated between the different tissues, which old rubbing did not. It followed the different lines of nerves, vessels, and muscles, and took note of any swellings and deposits. There was no vague rubbing. There was localised diagnosis. Nerve vibration was another distinction of motion. In the case of the joints the ligaments, capsules, cartilages, and effusions must be taken into account. Modern massage differentiated also in the proper massage. Special localities were selected under the direction of the physician. Dr. Jagielski did the first massage (called test-massage) himself, entrusting the subsequent ones to his assistants; though some regions of the body ought not to be entrusted to assistants but be massaged by the principal.

## HOMŒOPATHY AND ANTIPRAXY.

By Dr. DUDGEON.

It would give me much greater pleasure to be in agreement with my respected friend Dr. Sharp than to have to differ from him, for I gratefully acknowledge his services to homœopathy in former years, which he did much to popularise in his earlier *Essays*. But as he now declares that he has "taken his leave of homœopathy," and seeks to substitute what he calls "antipraxy" for Hahnemann's therapeutic rule, and as I still regard that rule as the best guide to the selection of the remedy in disease, I am constrained to look upon him, as he describes himself, as an opponent of homœopathy, which it is the duty of those who believe it to be true to defend from all attacks. I shall not on the present occasion repeat my arguments against "antipraxy." They are contained in my previous communications, and your readers will be able to judge for themselves whether or no I have "entirely failed to understand" what Dr. Sharp means by "antipraxy," and if I am "unqualified

to criticise it," as he asserts. I will only make a few observations on his last contribution to the discussion.

When I objected to Dr. Sharp's quotations from my last paper as not being a "fair statement" of my arguments, I only meant to say that they were not full enough to convey my exact meaning. If I seemed to accuse Dr. Sharp of "wilful unfairness," I assure him that was not my intention.

If the homœopathic formula, *similia similibus curentur*—let likes be treated by likes—be only a rule of practice, which it undoubtedly is, I do not see how that "puts immensely greater force into Dr. Sharp's plea to substitute antipraxy for homœopathy." Dr. Sharp claims for his "antipraxy" that it is a "law of nature," but what the practitioner wants is not a "law of nature," but a guiding rule for the selection of the remedy. Hahnemann says in the quotation Dr. Sharp gives from Section 53 of the *Organon*, that his *Heilart*—i.e., his therapeutic method—"is founded (rests or depends) on an eternal infallible law of nature," and of course it must be if it be a real therapeutic rule. He says, moreover, that he was led to the discovery of this rule by "observation, reflection and experience," (*Organon*, Introduction). In like manner the rifle shooter is led by "observation, reflection and experience," to discover the rule that in order to hit a mark at a certain distance he must give his weapon a certain elevation, and this rule of practice undoubtedly depends on "an eternal, infallible law of nature"; but the knowledge of this law of nature would hardly have helped him to his rule, though the rule that projectiles having a certain velocity must be discharged at a certain elevation in order to hit a mark at a certain distance—which is familiar to every uncultivated savage tribe that uses bows, assegais, blow-pipes or boomerangs, and was probably discovered by mankind in the paleolithic age by "observation, reflection and experience"—has most likely led to a search for the "law of nature" which underlies it. But the rule taught by "observation, reflection and experience" was a safe guide to the use of projectiles, though the "law of nature" on which it rests was not discovered, and possibly, while many supposed but erroneous laws of nature were being invented for the purpose of elaborating a scientific foundation for the rule. So Dr. Sharp's "antipraxy"

may or may not be the true "law of nature" on which Hahnemann's rule depends; the correctness and the utility of the rule are fortunately not dependent on the truth of this supposed "law of nature." Dr Sharp's "antipraxy" cannot even enter into any rivalry with Hahnemann's homœopathy, for it is not a rule of practice but a theory as to how medicines act when given as Hahnemann directs.

That "antipraxy" can be a guide to the selection of the remedy is not shown by Dr. Sharp's illustration of *opium* in constipation. That *opium* in ordinary doses causes, as a rule, constipation is notorious, hence the rule on which we select it for the treatment of constipation is the homœopathic. Dr. Sharp says no; a few drop doses of *opium* 1, taken in health, relaxed his bowels, so he gives it for the relief of constipation, guided thereto by this action on himself. It would be desirable to know more precisely what this relaxation of the bowels was like. If Dr. Sharp was affected with constipation, and the few doses of *opium* he took relieved this constipation, then this was merely an illustration of the homœopathic rule. But constipation is a disease, and he says it was "taken in health," so he could not have been suffering from constipation, and the relaxation of the bowels he experienced must have been an abnormally loose motion, or perhaps even an attack of diarrhœa. Dr. Sharp should tell us what it was exactly. Until this symptom is corroborated as a positive effect on the healthy organism of *opium* 1, and even afterwards probably, practitioners will continue to give *opium* for constipation under the guidance of the homœopathic therapeutic rule. Dr. Sharp avoids explaining how antipraxy will help him in diseases not characterised by the increase or diminution of some secretion or function, such as neuralgias, inflammations, nervous and general diseases, which constitute such a large proportion of human maladies. Here, of course, he would have to fall back on homœopathy pure and simple, though as he has "taken his leave of it," he would have to get at it in a roundabout way. Let us imagine an antipraxist treating a case of facial neuralgia for example. As, according to the doctrines of "antipraxy" medicines act in an opposite way in large and small doses, he must find a medicine which in small doses produces the opposite

or contrary of facial neuralgia; but no opposite of facial neuralgia is thinkable, so he must assume that a medicine, which in large doses causes facial neuralgia, will in small doses produce its unthinkable opposite, and this sets him to look in the homœopathic *Materia Medica*, where alone the pathogenetic effects of medicines on the healthy are adequately recorded, for some medicine which causes the same kind of pain as that suffered by his patient. This he finds, let us say, in *spigelia* or *aconite*. He has to assume, though he does not know, that the symptoms were caused by large doses of the drug; then he has to assume that small doses of it, if not too frequently repeated, will cause the opposite of these symptoms, and so he gives the small dose and cures the patient—*antipraxically*. But, in fact, he selects his medicine just as a homœopathist does, by the similarity of drug and disease symptoms, only he assumes a number of unproved things in order to call his treatment “antipraxy.” Dick Swiviller’s Marchioness maintained that orange peel and water made quite nice wine “if you make believe very much;” so homœopathy, well diluted with hypotheses, becomes “antipraxy,” if you make believe very much. The Highland laird, who was persuaded by the Edinburgh wags to make his calls in a sedan chair without a bottom to it, confessed that if it had not been for the pride of the thing he might as well have walked; and so the antipraxist might admit, if it were not for the pride of the thing he might as well call his practice “homœopathy,” for he must find the number of assumptions he requires to make somewhat galling to his scientific shins.

In nothing did Hahnemann more clearly show his scientific spirit than in insisting that it was the *totality* of the symptoms that constituted our knowledge of the disease, and that was to be considered in the selection of the remedy. But “antipraxy” is essentially and of necessity a one-symptom treatment. It has only to notice whether the patient has a quick or a slow pulse, constipated or relaxed bowels, diuresis or ischuria, and to prescribe the drug which, in small doses, not repeated above an uncertain number of times, has caused (in Dr. Sharp) the opposite of one of these symptoms. But the whole array of attendant qualitative symptoms, which are probably much more characteristic and important

than this one quantitative symptom, must be left altogether out of consideration. Perhaps Dr. Sharp's "organopathy" comes to the rescue here somehow or other, but this I don't know, as he seems latterly to have kept this his first love very much in the background, if he has not jilted her altogether.

With regard to the action of *digitalis* on the urinary secretion; it is curious that Dr. Sharp, while quoting from Hahnemann's *Chronic Diseases* some symptoms indicating a diuretic action, should have overlooked the foot-note, in which Hahnemann says that the primary action of *digitalis* is to cause difficulty of urinating, hence its homœopathic indication in dropsical diseases accompanied by similar difficulty with regard to the urinary secretion, and that the diuresis sometimes observed after previous diminished secretion is only "secondary action and reaction of the organism." When I point out that *digitalis* in small doses should have caused in Dr. Sharp's case diuresis rather than suppression of urine, and that *arsenic* in small doses should have caused constipation rather than diarrhoea, I am answered by the statement that "by a repetition of the smaller doses the action of the larger doses is caused." Here is a new element of uncertainty in "antipraxy." How many times must the small dose be repeated in order to cause the action of the large dose? In the previous page we are told that a few doses of *opium* 1 relaxed the bowels, so the *opium* acted here as a small dose. In *Therapeutics*, page 81, we are told that *digitalis* 1 three times a day for a fortnight caused "almost a suppression of the urinary secretion." I cannot make out whether this is to be considered a small-dose or a large-dose effect, for though Dr. Sharp seems to hold that the characteristic effect of large doses of *digitalis* is diuresis, some of the most careful observers deny that *digitalis* in any doses increases the urinary secretion, and some assert that it always diminishes that secretion. *Arsenic* 3, three times a day for a fortnight, caused in Dr. Sharp "a smart attack of diarrhoea." This was therefore a large-dose effect. But previous to the expiry of the fortnight—say for 13 days—was the *arsenic* acting as a small dose and causing a constipating effect? Perhaps these experiences of Dr. Sharp are not admissible, as he was, as he tells us, not in a healthy state when he had them.



Dr. Sharp tells us that "antipraxy, by our present knowledge, is limited to *certain larger and certain smaller* doses of each drug," but this just seems to be the point in which it fails most conspicuously; it seems to be quite uncertain what are larger, what smaller, doses, and even a smaller dose may cause the effect of a larger dose by being repeated an *uncertain* number of times. Where so much is uncertain, what can be the use of "antipraxy" as a guide to the practitioner?

As regards Dr. Sharp's quotations, which seem to show that Hahnemann used *curantur*, I may say that in the passage he gives from my *Lectures*, I am not quoting Hahnemann. I used the corrupt form of the formula which was generally employed in those days (34 years ago). In the original paper, which Dr. Russell abridged in the first volume of the *British Journal of Homœopathy*, Hahnemann does not use the word *curantur*. The correct rendering is given in *Lesser Writings*, p. 312. It is not of much consequence how others, or I myself in distant years, may have written the formula; Hahnemann never gave it otherwise than *similia similibus curentur*, a therapeutic rule resting on a law of nature, possibly Dr. Sharp's "law of nature," though I doubt that, as we never have had any satisfactory proof that medicines act on the healthy body in a contrary manner in large and small doses, but we have a great deal of evidence that they act in the same direction in all doses in which they act specifically at all. It is, after all, of the smallest possible importance whether Hahnemann used *curentur* or *curantur*; he was too good a classical scholar to suppose that the Latin word *curare* means "to cure;" he knew it signifies "to treat" disease—hence the German word, *Cur*, *anglicé*, "treatment"—and therefore when he wished to formulate his therapeutic rule he naturally employed the imperative mood, *similia similibus curentur*—let likes be treated by likes.

## THE FEVER OF QUININE.

By J. COMPTON BURNETT, M.D.

THE part played by the bark in the rise of homœopathy renders it and its alkaloid of cardinal value to us, the more so as the pyrogenic power of *quinine* is not infrequently denied both by friend and foe.



*Nachtigall* (Sahara und Sudan. 1881. Bd. 2, § 462):  
“*Quinine* caused in me myself every time I took it, before  
its never-failing action set in, such a strong paroxysm of  
fever that I really hesitated to exhibit it in very mild  
cases.”

And a similar case is reported from the Berlin Charité  
(*Deutsche Medizinal-Zeitung*. 1886. No. 24): “A twenty-  
three year old seamstress, suffering from intermittent  
fever, had her last paroxysm on June 13. At 8 p.m. on  
the 21st June she took 0.5 *chinin sulfuric*, and in the  
night she had cold shakes, heat, and an attack of inter-  
mittent fever.

“On the 22nd the temperature was 39° in the morn-  
ing, 39.7° at noon, and in the evening 38.8°.

On the 30th June she got a fresh dose of *quinine* (0.75  
*chinin sulfuric*), which again produced pyrexia up to 39.3°.

Later on smaller doses of *quinine* were given, and  
these also caused fever, but in a less degree.”

G. Merkel communicates a similar case to this (*Arch.  
für Klin. Medizin*. 1885. Bd. 36, § 356).

Again Tomaselli, in the treatment of malaria patients,  
saw *quinine* readily produce severe paroxysms of fever in  
eight cases.

Rudolf Wagner, from whom I quote (*Thesis. Würzburg*.  
1888. P. 20), is of opinion that *quinine* brings out fever  
only so long as there is some malaria-poison present in  
the body, *i.e.*, it does not *produce* pyrexia genuinely, but  
lets loose that which is pent up. But, then, Wagner  
himself says that Leichenstern gave *quinine* to 1,200 cases  
of typhus and typhoid in doses of 2.0, and twice saw it  
produce paroxysms of fever. So, to be consistent, I pre-  
sume he will assume some pent-up malaria-poison here  
also.

London. Oct. 6th, 1888.

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## ON THE TREATMENT OF CASES IN WHICH AN EXCESSIVE EXCRETION OF UREA BY THE KIDNEYS IS A PROMINENT SYMPTOM.\*

By J. GIBBS BLAKE, B.A., M.D.

Physician to the Birmingham Homœopathic Hospital.

For some years past the importance of this condition  
has increased in my estimation, not only on account of

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\* Read before the British Homœopathic Congress, Birmingham,  
September 20th, 1888.

its frequency, but also because the recognition of the abnormal amount of urea in the urine has been a valuable indication for dietetic and medicinal treatment.

It is very commonly found that children and youths are ailing, losing flesh and wanting in spirits, yet they eat well, and it may be excessively. The complexion is bad, and they are irritable in temper. Round worms are not discovered, so that the symptoms cannot be referred to that cause. The liver is accused of being inactive, and in most cases there is some functional derangement of the liver, and the stools are pale in colour in consequence of a diminished amount of biliary secretion.

If it were necessary in such cases to estimate the amount of urea in urine quantitatively, it would be of little use to talk of the quantity of urea being an indication for treatment, as those who have not access to a physiological laboratory would find it practically impossible to use even the simplest tests in daily practice.

The definition of excess of urea for the purposes of this paper is as follows. "Such an amount of urea as will form crystals of nitrate of urea when equal quantities of the urine as passed (*i.e.*, not concentrated by boiling) and dilute cold nitric acid are mixed together and allowed to stand some minutes."

I should add that the crystals of nitrate of urea are obvious without the use of a microscope. Usually the specific gravity is high—1026 or it may be considerably above that. I have seen it 1036, and then it is often very dark in colour and unlike diabetic water in that respect. I do not mean to suggest that the colour should be treated to instead of testing for sugar with such a specific gravity as 1036.

The dark-coloured urine of the febrile conditions of pneumonia and other acute diseases also contains large quantities of urea, but this symptom then sinks into insignificance as compared with others.

The form of dyspepsia that is associated with intense nervous depression and hypochondriasis, with a copious and constant appearance of crystals of oxalate of lime in the urine, is in some cases attended by an excess of urea, and in such cases I have found the indication of great service in the choice of a remedy.

It may be superfluous to say that it is not intended to add another disease to the already too long list of diseases. The symptom under discussion is met with in many groups of symptoms, and is of value in differentiating medicines which are indicated of others of the group.

Proceeding to the therapeutic part of the subject, I propose to take those drugs that cause an increased excretion of urea in alphabetical order, to give the authority for the production of this symptom only when it is not contained in Allen's *Encyclopædia of Materia Medica*, and to add clinical indications and results so far as I have myself observed them.

As the excretion of urea is a subject of great interest to physiologists, their publications give us many provings ready to our hand, and we may accept them as the observations of impartial observers. In many cases the experiments have been made on men, and confirmed by observations on other animals.

*Apocynum cannabinum* (A)\*—I have no experience of the use of this drug in "excess of urea," but the provings in Allen's Supplement indicate its use when occurring with hæmorrhoids.

*Arsenious acid* and *antimonious acid* resemble *phosphorus* in respect of the increase of excretion of urea as well as in the production of fatty degeneration of various organs.† This experiment confirms the use of *arsenicum album*, which I had used for the totality of symptoms before I read Salkowski and Leube. *Arsenate of soda* and *antim. tart.* also cause an increase of urea in the urine.

*Aurum muriaticum* (A).—Although the evidence of increase of urea in the provings of this drug are very scanty, not to say insufficient, the depressed state of mind is so well marked in these provings, as well as confirmed by clinical experience, that I have great confidence in the use of *aurum muriaticum* in those cases of excess of urca accompanied by symptoms of melancholia.

*Calcarea muriatica* (A).—I have found this useful in the cases of children who have had excess of urea

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\* Those medicines that are found in Allen's *Encyclopædia of Materia Medica* are marked A.

† Kossel, *Arch. f. Exp. Pathologie*, bd. v., p. 128; and quoted by Salkowski and Leube in *Die Lehre vom Harn*, p. 84.

accompanied by other symptoms for which we constantly prescribe *calcareo* in some form, and I have used the *muriate* rather than the *carbonate* where indicated by the symptom under consideration. Dr. Wimmer's proving (quoted by Allen) is especially interesting, as the feeling of exhaustion, weakness and disinclination for food and work, combined with increased metabolism of the tissues, is so characteristic of this assemblage of symptoms. Dr. Begbie's paper\* strongly confirms the use of *calcareo muriatice*, if a strumous diathesis co-exists.

*Colchicum* (A).—Hammond† found that the organic solids were increased, and his experiments were conducted upon a healthy man. † Noël-Paton's own experiments show that the urea is increased in dogs, and in one of them there was as much as 60 per cent. of increase of urea.

It is interesting to remark under this heading that the uric acid was increased as much as 73 per cent. in one case. Noël-Paton finds it difficult to account for the value of *colchicum* in gout, as the uric acid is evidently increased in actual quantity, and not simply *excreted* in larger quantity. This is a very interesting remark to a homoeopathic practitioner.

*Cimicifuga* (A)—*Helonias* (A).—I have no clinical experience to give on these two medicines.

*Euonymin* is not in Allen's *Index* under the heading "Urea Increased." Noël-Paton§ found that the urea was markedly increased, especially when the purgation is not induced. In one experiment as much as 42 per cent. of increase was observed. I have used *euonymus* 1x with decided benefit in cases of excess of urea when attended by excessive acidity of urine dependent upon uric acid, which was deposited in large quantity. Noël-Paton notes the increase of uric acid as well as urea. This was also noticed in the experiments with *colchicum* and *merc. corr.*

*Ferrum muriaticum*.—Hoppe Seyler quotes Rabateau¶

\* *Edin. Med. Journal*, July, 1872, p. 46.

† *Proc. Philad. Acad. of Nat. Sc.*, Dec. 1858, p. 18: quoted by Dr. Noël-Paton, *Jour. Anat. & Physiology*, vol. xx., p. 287.

‡ Loc.-cit.

§ Loc.-cit.

¶ *Compt. Rend.*, T. lxxxv., p. 1169.

to show that the *chloride of iron* causes an increase of nitrogen in the urine.

*Iodine* (A)—*Jaborandi* (A).

*Mercurius corrosivus*.—This drug has been tested as to its power of increasing the quantity of urea in the urine on men and dogs. Unfortunately a syphilitic man was selected by Hermann v. Boeck.\* The amount of nitrogenous food taken, and the amount of urea excreted were very carefully measured before, during, and after the inunction of the *bichloride*. The result was a decided increase of the urea.

In Dr. Noël-Paton's fourteen experiments upon dogs, the urea was increased 24, 21½, 11½ and 17½ per cent. respectively.

*Natrium salicylicum*.—In man the amount of urea is increased, and the uric acid very much decreased, and the same result was obtained by numerous experiments on dogs; the water was very much diminished in the latter.—Noël-Paton, *Jour. Anat. & Phys.*, vol. xx., 279.

*Natrium benzoatum*.—Dr. Noël-Paton, in the same article, confirms Carl Virchow† and E. Salkowski's‡ experiments in regard to the increase of urea (28.5 per cent. in one case). The uric acid is much decreased.

*Phosphorus* (A).—Hoppe Seyler, in his *Physiological Chemistry*, p. 965, quotes Storch (*Den Acute Phosphorforgiftung*, Kopenhagen, 1865), to show that urea is increased, and Salkowski (*Die Lehre vom Harn*, p. 83) adds the names of J. Bauer, A. Fränkel, and F. Röhmman, that a short time before death the quantity of urea excreted was from three to four times the natural amount. These experiments explain the action of Fellowes's Syrup of Hypophosphites and Parrish's Chemical Food, both of which have been found useful, especially for children.

*Picric Acid* (A).—The use of this drug, as well as several others mentioned by Dr. Allen in his *Encyclopædia*, I have not been able to confirm by experience.

Several of the drugs mentioned have only lately been proved to produce an excess of urea excretion, and con-

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\* *Zeitschrift f. Biol.*, vol. v., p. 393, quoted by Dr. Noël-Paton, *Journal Anat. & Phys.*, vol. xx., p. 296.

† *Zeitschrift f. Physiol. Chemie*, bd. i., p. 45.

‡ *Zeitschrift f. Physiol. Chemie*, bd. vi., p. 78.

sequently no clinical experience has been founded upon the provings.

I have chosen this subject for this short paper with the hope that my colleagues will test the value of the drugs here mentioned, and that they will record the therapeutic results in our periodicals.

#### DISCUSSION.

The PRESIDENT said he felt sure they had listened with appreciation to a very interesting and practical paper. He would be glad to hear any remarks on the subject.

Dr. DUDGEON directed attention to a paper by Dr. Jousset in a late number of the *Art Médicale de France*, giving an account of an old remedy called *thlaspi bursa pastoris*. He (Dr. Dudgeon) had written some little notes on it, which he believed would appear in the next number of the *Monthly Homœopathic Review*.\* Dr. Dudgeon went on to say that he had not had much experience of it in this disease. He instanced, however, the case of a lady suffering from a curious rheumatic affection, who, even after the rheumatic symptoms were past, continued to pass an enormous quantity of uric acid, in the form of sand, and sometimes a few larger concretions. He tried the effect of *thlaspi*, and as long as he gave it the quantity diminished very much, but when he left it off the quantity increased again. On continuing it off and on at intervals the quantity was materially diminished, and remained so, although he had not given it her for a considerable time. He regarded this as an interesting circumstance connected with a medicine which had not been proved yet, but which had been held in great repute as a sort of old woman's remedy, especially for uterine hæmorrhages and the disorders of menstruation. Dr. Hughes mentioned that it was said to be one of Mattei's remedies, but according to the statements of a periodical called *The General Review of Electro Homœopathic Medicine* (laughter), in which an account of Mattei's medicines was given, it did not appear that *thlaspi* entered into the composition of any of them. It seemed that every medicine which he gave under the names of *anti-scrofuloso*, *anti-canceroso*, *anti-angiotico*, and the rest of it, was a compound, containing about half a dozen of their well-known homœopathic remedies, and sometimes more, all mixed together. But *thlaspi* did not appear in any of the remedies mentioned in this periodical, although they would remember that some time ago Dr. Berridge quoted from some authority he had found, that *thlaspi* was *anti-angiotico*.

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\* See October number, p. 614.

DR. DRYSDALE had been greatly interested in Dr. Gibbs-Blake's paper, which dealt with a point in homœopathy that was not sufficiently cultivated, viz., clinical indications. The speaker alluded to his having found a useful remedy in *senna*, and during further remarks appealed to Dr. Gibbs-Blake as to whether the double and opposite action common to all medicines was observed in these cases. Dr. Gibbs-Blake had spoken of a simple increase, but he surely did not mean that under the influence of the medicine that would go on perpetually. It was not so in the case of any other medicine. After the increase there should follow a period of diminished urine. The speaker also referred to the increase of uric acid with *colchicum*. Its action in gout therefore was really homœopathic. The action was to increase the quantity of uric acid produced in health, and practically to cure it when arising in the course of disease. These were extremely valuable points, and he hoped they would be cultivated by the members present.

Dr. HAYLE mentioned two cases within his experience in which there was a very great excess of urea in the specimens examined. His method of ascertaining its presence was to pour strong nitric acid down the test tube till it formed a ring of nitric acid at the bottom, the urine above it, and between the two, if the urea was in excess, was formed a solid ring of the nitrate of urea. In several cases lately he had noticed very solid rings indeed. The amount of urea might be estimated by the time it took to go down. In some cases this would be a minute, in others not until it had stood for some hours. One of the cases to which he had referred was that of a woman who was suffering from a very obscure illness. She had been very ill with high fever, and one doctor had diagnosed it as inflammation of the bowels. The urine was loaded with albumen. He (the speaker) did not think it a case of inflammation of the bowels. To him it seemed to be inflammation of the pancreas. There were no casts in the urine, though it was loaded with albumen. The specific gravity was 10.28 or 10.30, but all at once, towards convalescence, the specific gravity rose to 10.48. There was not a trace of sugar. A very solid layer of urea formed, besides a red or magenta ring of colour where the nitric acid joined the urine. When much uric acid was present a strong purple ring usually formed, as they were aware; but in this case it was different. In a few days the enormous specific gravity went down to normal, the albumen diminished, and the patient slowly recovered. The next case was one of dyspepsia, and antifection of the uterus. There were several dyspeptic symptoms, and a little irritation in the urethra. He examined



the urine, and found it of sp. gr. 10.21. Another specimen during the week was 10.44. He found not a trace of sugar. There was an extremely solid layer of urea, and the same strong magenta ring. He did not know the explanation of this magenta ring. He did not think it was due to urea. There seemed to be some other ingredient in the urine, which, it might be, caused the high specific gravity, and not the urea only. (Applause.)

DR. BLACKLEY felt very much interested in the paper, for he had himself experienced the want of indications for the treatment of cases in which urea was excessive. He also had himself, some years ago, a very severe attack of renal colic, followed by the excretion of a little extra uric acid. He was glad to say, however, that there had been no recurrence. Having felt the want of indications for the treatment of these cases, he felt much obliged to Dr. Gibbs-Blake for calling attention to medicines which might be useful. He had lately had two cases of renal colic, and he certainly thought that if there was any one class of cases in which they had the greatest dearth of directions and indications for the right use of their materia medica, it was in such cases. They needed indications not only for the treatment of the attack while it was passing, but which would enable them to guard the patient against a recurrence.

Dr. SIMPSON thanked Dr. Gibbs-Blake for having given them so very practical and suggestive a paper, because the literature of homœopathy appeared to him to be exceedingly scanty in reference to the matter of urinary deposits, and other points concerning the urinary organs. He asked his *confrères* until they got their urinary chapter of the Repertory completed, to refer to a very able paper in the *British Journal of Homœopathy*, by Dr. Clotar Müller,\* from which they had taken the schema of their Repertory chapter. Dr. Gibbs-Blake had referred to several medicines which had not hitherto occupied their attention, and he felt sure they would all be glad to avail themselves of them. The speaker also said that Dr. Dudgeon, a few years ago, prescribed for a patient of his suffering from excessive urinary deposits, Contrexéville water, with remarkably good results. He thought this was an agent which would well repay research.

Dr. COOPER said they must be very careful in making their observations upon symptoms, in regard to the deposit of urates. It had been observed in many cases, in connection with an elongated prepuce, that the irritation of it was very

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\* Vol. xvii, pp. 405 and 544.

much increased by urates in the urine accumulating in the bladder. He thought the presence of an elongated prepuce was a condition very likely indeed to lead them astray in their observations upon these cases. He would direct their attention to the necessity of carefully ascertaining that there was no obstruction at all to the passage of urine, or else recorded observations might be seriously affected. He would also like to mention a case he was consulted about in which there was malformation of the bladder and epispadias, where the urine was in the habit of passing away without being retained at all. The patient had already been under homœopathic treatment, but had never received any benefit at all, in consequence of the large formation of urea which took place. There was a great deal of irritation. He (the speaker) gave a remedy which was in considerable repute amongst herbalists, but which did not seem to have secured the notice of any of his colleagues, and that was a decoction of the seeds of the *daucus carota*. This had the desired effect of materially lessening the formation of urates in the water. Its offensiveness became less, and the local irritation, which had been very considerable indeed, was a good deal diminished. Whether the drug had a genuine therapeutic action or not he really could not tell. He had, however, also found that simple warm water would considerably lessen the deposits of urates in the urine, and lessen the tendency to gouty symptoms of any kind. So that whether the beneficial results in this case were due to the action of the *daucus carota*, or whether it was simply the fact of the patient taking it rather warm, in the way directed, he was unable to explain. (Applause.)

Dr. HUGHES thought they were getting rather wide of the mark (hear, hear), and wandering away from Dr. Blake's subject of the excessive excretion of urea into a general discussion on the excretion of uric acid and urates. With regard to the excessive excretion of urea, he thought it was a more common condition than was often supposed. He had seen several cases of the kind himself, and had watched them with a good deal of interest. The first was one which occurred in the person of their honoured friend Dr. Madden. It was just when he broke down in health, before he went to Australia. There was a very high specific gravity, no sugar, but a considerable excess of urea. In his case it was simply a breakdown of the nervous system. He had been dyspeptic for many years, but had had no symptoms of the kind before. On the other hand, one of the cases he saw later was that of a lady in whom this condition went on for a long time. In her case there was no strain upon the nervous system at all,

and nothing of that character to account for it, but the patient was given, under the supposition that she was weak, to eat too largely of animal food. It was a simple case of imperfect assimilation. The excess of animal food passed off in the shape of urea, and caused a high specific gravity and the other annoying symptoms. The remaining cases which he had observed from that time forward had seemed to fall under one or other of those categories. As in diabetes, there were two classes of cases—in one the assimilative organs were at fault, and in the other the nervous system was the starting point. The first thing to do was to ascertain the origin of the evil, which could be done pretty well from the history of the case and the concomitant symptoms. The treatment, of course, would naturally follow. In the case of the lady referred to medicines had little or no effect, but careful regulation of diet produced a speedy influence. He had to send the patient to Sir Andrew Clark to get his dietetic rules confirmed, but these very soon brought about a change in her condition, and the result confirmed what he had himself told her about the origin of the disease. In cases where the trouble originated in the nervous system, the difficulty of treatment was much greater. Nevertheless the case would often repay medical effort. One of the medicines which he found most effective was one which he saw alluded to by the late Mr. Freeman many years ago, in *The Monthly Homœopathic Review*. He had a case of typhoid fever in which the patient was not progressing as she should have done during convalescence, and the only cause he could find for this imperfect recovery was that she was passing too much solid matter in the urine. No doubt urea was one of the elements. He gave her, from her concomitant symptoms, *causticum*, which speedily checked the evil and promoted recovery. Since that time *causticum* had been one of the first remedies which he (Dr. Hughes) had thought of. He had, however, seen cases that seemed to baffle medicine altogether. One, which had come before him lately, was that of a lady who was surrounded by every comfort, but was a prey to utter languor, without having any definite symptoms. Her urine had urates in it, also excessive urea, with high specific gravity. In her case no medicines were at all effective, but change of air always did her good. At such times the urine cleared. Whether it also lost its high specific gravity he could not say, for he had had no opportunity of testing it. In conclusion, the speaker alluded to Dr. Gibbs-Blake's paper as being altogether a very valuable contribution upon an important point in medical science. (Applause)

DR. WOLSTON expressed his hearty concurrence in the

appreciation of the paper, which directed their attention to a class of maladies often overlooked, but which, as Dr. Hughes had remarked, was perhaps a good deal more common than was generally supposed. What he wanted to say was just this—that he had found it associated with what might often suggest a clue, that curious condition of intermittent or, as he might term it, *post cibum* albumen. He did not think it was real albuminuria. There were no tube casts, and the behaviour of the urine was most peculiar and fanciful. The speaker referred to his examination of the urine of a young man of 25, who came to him with the characteristics Dr. Blake had described—pallor, exhaustion, nervous depression, irritability, a large appetite, but perfect incompetence for work, particularly of a brain character. It appeared that on pouring some of the urine upon cold nitric acid there was at once developed a cloud, which intensified until the whole of the urine was pretty nearly solid, but afterwards, on boiling, the urine became perfectly clear. The speaker believed the cold nitric acid test was the best, to begin with, at all events. He told this young man to bring him on the following day two samples, one passed the last thing at night and the other the first thing in the morning, before breakfast. There was not the faintest trace of oxalates or albuminuria in either sample, but the specific gravity for the evening was 1080, and the morning 1025. He examined for sugar, but did not find any. It was a case of excessive urea. He had seen other cases, but what he principally wanted to say was that they alternated between excessive urea at one time of the day, and albuminuria at another, while at a third period they might find neither excessive urea nor albumen, but a large amount of oxalates. The speaker alluded to the efficacy of Evian water in these cases, pointing out that it was an absolutely pure water, containing nothing calcareous, and that though not pleasant to drink, it was highly beneficial to the patient. Of course, if they relied merely upon drugs in these cases, without regard to food and drink, they would not get the most satisfactory results. (Hear, hear.) The disease, he went on to say, was observable at all ages. One case he recollected was that of a boy of eight. In that instance the albumen was sometimes very excessive, and at other times the oxalates. It was coupled, as he thought they would find that cases of this kind often were, with a peculiar condition of the skin. Instead of being rosy and healthy, it was particularly thin, and the veins prominent all over the body. Then, as to medicines, there were two drugs which he had employed with considerable benefit. One was *arsenious acid*, and the other *phosphoric acid*. The latter, particularly when

the nervous system was in a low state—and he believed these cases were very frequently nervous in their origin—was one of their most valuable allies. He greatly enjoyed Dr. Blake's paper, and thanked him most cordially for bringing the matter forward. As an afterthought, the speaker went on to say he had also found that in these cases they occasionally had what Dr. Blackley referred to, *i.e.*, the formation of renal gravel, and sometimes an absolute calculus. The first case of the kind that came under his notice was that of a medical man who, breaking down completely, was found to be suffering from the symptoms he had mentioned. It went on for three or four years. He was supposed to have a dislocated kidney. A dislocated kidney was diagnosed, but he (the speaker) told him from the outset that he believed he would eventually pass a calculus. About six months ago he received a letter from him, saying that he had had twelve hours of the most intense agony, and then the calculus came.

Dr. MADDEN also spoke in complimentary terms of the paper. It referred to a morbid state which he had frequently met with. Endorsing what had been said by Dr. Hughes, the speaker suggested that in dividing these cases into two classes he might have gone a little further. He spoke of them as dyspeptic and nervous, but he rather hinted at a third class, *viz.*, climatic. Dr. Hughes referred to the case of a lady who had the symptoms when in Brighton, but mended when she went away. He (the speaker) had frequently found cases of this description. If they bore in mind this climatic influence they might save themselves a good deal of anxiety and disappointment. The case which rose most prominently before his own mind was that of a gentleman who, when brought to him, was supposed to be growing diabetic. In his case there certainly was a little sugar in the urine, but it contained mainly urates. The treatment followed was as Dr. Hughes had indicated, *phosphorus* and *causticum*, with a large supply of clear water to drink, sometimes distilled, but mostly clean water simply, and dietetic management. The patient perfectly recovered, and had been very healthy ever since. He thought if they bore these three classes in mind, together with the necessity of dietetic management and plenty of clear water, they would be able to benefit many of their patients.

Dr. G. CLIFTON (Leicester) said Dr. Gibbs-Blake had referred to the question of the amount of urea found in dogs; but until dogs were able to tell them what amount of food they had, whether they had stolen a mutton chop lately, and whether they really did perspire through their skin or only through their tongues (laughter), they must not base

their opinions upon any other cases than those of human beings. The speaker referred to the beneficial effects of *apocynum cannabinum*. He had seen cases in which it altered the amount of urea, when even large quantities of hot water and other things were without effect, and he believed it to be one of their best medicines if given in rather larger doses than those mentioned in many of the books. He had known fifteen and twenty drops of the concentrated tincture of *apocynum*, given in cases where there was calculus and very severe irritation, afford more relief than many of the medicines in general use.

Dr. NANKIVELL asked whether, in the treatment by large quantities of pure water, they really reduced the amount of urea, or merely diluted the quantity of urine.

Dr. CARFRAE said Dr. Hughes did not mention what was his mode of analysing for urea. It was very important to have simple means.

Dr. HUGHES replied that he did not mention it because it was practically identical with the method already described. It was to mix equal parts of cold *nitric acid* and urine. He had been in the habit of immersing a glass rod and letting the crystals form on that. Possibly that was superfluous.

Dr. NANKIVELL thought that if they used the cold *nitric acid* test for albumen, leaving the test tubes to stand for a time afterwards, they would find the crystals form at the junction. That would enable one test to do for two, which was sometimes very important.

Dr. NEATBY enquired whether it was possible to find out if there was an increase of the urea or not without taking the whole 24 hours' sample.

Dr. WOLSTON alluded to a very good form of apparatus for testing, about which he promised to put a note in the *Journal*. With this apparatus, by the graduated jar, it was possible to tell exactly the number of grains of urea eliminated in the 24 hours.

Dr. GIBBS-BLAKE said the one generally used now was tolerably simple, viz., that by Dr. Haycraft.

Dr. PERCY WILDE observed that Dr. Haycraft's apparatus could be got in Birmingham for 10s. 6d.

There being no other speakers,

The PRESIDENT rose to make some closing observations on the subject. He said that he regarded Dr. Blake's paper as one of great importance, and the interest of it very much consisted in the fact that all the remedies which he found to produce an excess of urea were medicines that altered the constitution very much. They were, in other words, deeply acting remedies. He concurred in the opinion of Dr. Hughes



that in cases of this kind they had not merely to consider the important fact of a medicine which would produce an increase of urea, but carefully to observe the diet. It was by attention to diet, as well as by looking out for a medicine which would not only produce the urea, but would modify any existing disturbances of general health, that they would be most likely to benefit the patient. With regard to mineral waters, he knew from experience that they were exceedingly valuable. Contrexéville water seemed to have the power of altering almost all forms of abnormal urinary deposits. Even phosphates to a large extent seemed remarkably benefited. Evian water was also a very important agent. As Dr. Wolston had said, it was almost a pure water, but still it acted very remarkably in cases of abnormal secretion of urine.

DR. BLAKE, who was received with applause, then replied on the discussion. He said it afforded him great satisfaction to read a paper which had given rise to such a lively discussion. He endorsed what had been said by the President with regard to sending patients to Contrexéville. Referring to a remark of Dr. Mahoney, at the opening of the discussion, he said Allen did not mention some of the drugs that produced excessive excretion of urea. Dr. Dudgeon's remarks upon *thlaspi* were interesting, and he should be glad to make further investigations in this direction. So also were Dr. Drysdale's upon *senna*. He had not included that, but it certainly ought to be on the list. The reaction alluded to by Dr. Drysdale was almost universally observed, although more marked in some cases than in others. It was true that he incidentally referred to uric acid, and so the question of uric acid calculus did come in to a certain extent, but he had not attempted in his paper to give a full account of the action of drugs upon the excretion of uric acid. He might mention that he had found very great benefit from another old woman's remedy, the so-called parsley piert, or parsley breakstone. In that neighbourhood it was used by poor people to a very great extent for uric acid calculus. He quite agreed with Dr. Hughes in his remarks about nervous breakdown. The question of diet he did not mention, but he usually took off a great deal of meat. He gave meat once a day, or fish and fowl only, or else put his patients on a diet consisting only of milk. As to the remarks of Dr. Wolston concerning the test, he always used the nitric acid cold. His plan was to put about half-a-drachm of the urine into the end of a test-tube, or into a little upright glass he had for the purpose, and then added to it an equal quantity of nitric acid. He usually allowed it to stand until the next day, because, although there might be a large quantity of urea, it might be five or six hours before the



crystals were formed. As regards waters, the water supply of Birmingham had lately become very much harder than formerly, and they had been obliged to caution patients liable to deposits of uric acid against it. The chemists, however, made an aerated distilled water, and he either used that or bottled Malvern water, which they could readily obtain in this district. With regard to what had been said about dogs, he explained that in these experiments the dogs were kept under close observation in an iron cage, and very careful arrangements made for collecting all the urine they passed. The amount of nitrogenous food given them was carefully weighed for some days beforehand, ten days before in many cases, and then the amount of urea was carefully recorded. He thought, therefore, that they were obliged, after all, to go from men to dogs for accurate observations. A question had been asked as to the source of supply for testing the urine, and he thought that for all practical purposes the best plan was to ask for a specimen of the water out of the chamber after it had been used in the morning. By this means they got the night water passed after food, possibly some more during the night, and water after fasting, so that it amounted to a good average specimen of the urine excreted. (Applause.)

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## REVIEWS.

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*Homœopathy in Venereal Disease.* By S. YELDHAM, L.R.C.P., Ed., &c. Fourth edition, Edited with additions and an original chapter on Spermatorrhœa, by HENRY WHEELER, L.R.C.P., Ed., &c. London: E. Gould & Son, Moorgate Street, E.C. 1888.

THIS, the fourth edition of the well known and thoroughly practical little work of Dr. Yeldham, comes before us under the editorial supervision of Dr. Wheeler, who has succeeded its author in his city practice.

It is interesting to note that both in syphilis and gonorrhœa the medicines which are most clearly homœopathic to them are such as have been empirically used in their treatment for a long series of years. Not only, however, have they been used, but they have been most mercilessly abused. The homœopathic relationship in which *mercury* stands to syphilis and *copaiba* to gonorrhœa was not recognised, and not being recognised the necessity for keeping the therapeutic dose well under that required pathogenetically was never dreamed of! Consequently, though giving a homœopathic remedy, the surgeon of former days did an immensity of mischief. In the

hands of the homœopath, who is alive to the necessity of giving no more medicine than is enough to secure its therapeutic action, these two drugs become of great value to the patient.

Dr. Yeldham points out very clearly when these two medicines, as well as many others, are indicated and the mode in which he has found them to have been most successfully employed.

Dr. Wheeler has evidently gone through the work with much care, and has added a judiciously written chapter on spermatorrhœa—a subject which is very rarely treated of in so thoroughly honest, correct and useful manner.

The clinical illustrations of the therapeutics advocated are interesting and suggestive, while they at the same time add much force to the didactic teaching.

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*The Nerves: Being a few Practical Observations on the Management and Treatment of some of the most Important and Distressing Affections of the Nervous System.* By HENRY BELCHER, M.D. Second edition. London: E. Gould and Son, Moorgate Street, E.C.

THIS little book contains thoughts suggested by a long experience in the treatment of disease, illustrated by cases that have been under the author's care. Addressed *ad populum* rather than *ad clerum*, it will be read with interest by many among that large class of invalids who suffer from one or other of the numerous forms of nervous disease.

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## MEETINGS.

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### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of physicians and surgeons practising homœopathy was held on Thursday, September 20th, at the Midland Medical Institute, Birmingham. The President for the year, Dr. DYCE BROWN, of London, occupied the chair, and there were also present: Dr. DUDGEON, Dr. CARFRAE, Dr. COOPER, Dr. CLARKE, Mr. KNOX SHAW, Dr. POWELL, Mr. H. HARRIS, Dr. WHEELER, Dr. PULLAR, Dr. NOBLE and Dr. P. O'BRIEN (London); Mr. LAWRENCE, Dr. GIBBS BLAKE, Dr. WYNNE THOMAS, Dr. G. A. CRAIG, Dr. J. CRAIG, Dr. C. HUXLEY and Dr. WINGFIELD (Birmingham); Dr. DRYSDALE, Dr. HAYWARD, Dr. HAWKES, Dr. CAPPER and Dr. MAHONEY

(Liverpool); Dr. BLACKLEY, Dr. DOUGLAS MOIR (Manchester); Dr. G. CLIFTON, Dr. BREMNER, Dr. MASON (Leicester); Mr. NORMAN, Dr. PERCY WILDE (Bath); Dr. WOLSTON (Edinburgh); Dr. HUGHES (Brighton); Dr. POPE (Tunbridge Wells); Dr. CLIFTON (Northampton); Mr. DEANE BUTCHER (Windsor); Dr. E. ROCHE (Norwich); Dr. KENNEDY (Newcastle); Dr. RAMSBOTHAM (Leeds); Dr. MADDEN (Bromley); Dr. NANKIVELL (Bournemouth); Dr. HAYLE (Rochdale); Dr. LUTHER (Belfast); Dr. BODMAN (Bristol); Dr. STORRAR (Southport); Dr. COLLINS (Leamington), &c.

The visitors included Dr. VON VILLERS (Dresden); Dr. McEWEN (Brooklyn, U. S. A.); Mr. E. CORFIELD (Birmingham); Major VAUGHAN MORGAN (London). Several members sent letters or telegrams expressing regret at their unavoidable absence, among them being Dr. SHARP (Rugby); Dr. WILLIAMS and Dr. NICHOLSON (Clifton); Dr. MOORE (Liverpool); Dr. GILBERT (Reigate); Dr. NEILD (Tunbridge Wells), and Dr. COMPTON BURNETT (London).

Dr. VON VILLERS and Dr. McEWEN, as visitors, received a cordial welcome.

The business of the Congress was opened by an address from the President, Dr. DYCE BROWN. Several ladies attended at the opening of the meeting, in order to hear the address.

At the conclusion of the address which appeared in our last number (p. 581),

Mr. DEANE BUTCHER moved a vote of thanks to the President for his very interesting address. He referred to the fact that some of them, who were scattered up and down the country, and lived in isolated districts, were still exposed to a very considerable amount of opposition and persecution, and said it was very gratifying to them to hear from time to time, so eloquently expressed, such words of encouragement as they had heard on this occasion. The address had been in its way most useful and interesting—indeed, it was one of the most interesting he ever had the pleasure of listening to. (Hear, hear). The speaker went on to remark that from other quarters, also, there came words of courage and hope for their cause. The scientific opposition to homœopathy had always been directed against the infinitesimal dose. The doctrine of infinitesimals was said to be the negation of all science, but in the very temple of science, *i. e.*, in the meeting of the British Association at Bath, just concluded, Sir Frederic Bramwell, the president of the most practical of its branches, had astonished them by a long and eloquent exposition on the utility and importance of the “next to nothing.” If that was the last answer of science, that even in mechanics the “next to nothing” was of so much importance, he

thought they would hear but little more of the scientific opposition to homœopathy. (Applause).

Dr. CLIFTON had great pleasure in seconding the motion.

The vote of thanks having been carried by acclamation,

The PRESIDENT said: Ladies and gentlemen,—I beg to offer my best thanks to Dr. Bütcher and Dr. Clifton for the kind manner in which they have spoken of my address, and to you for the kindness and consideration you have shown in listening to me for so long. Allow me at the same time to thank the ladies present for doing us the honour of their attendance. (Applause).

After a short interval the SECRETARY, Dr. HAWKES, having read the report of last year's Congress,

The PRESIDENT explained that Dr. Compton Burnett, who had promised to read a paper on *Gonorrhœa in its Constitutional Aspects, with special reference to the Sycosis of Hahnemann*, was unable to be present, but had sent his paper, to be read by the Secretary. Under these circumstances it was decided to call first upon Dr. Gibbs Blake, for his paper on *The Treatment of Cases in which an Excessive Excretion of Urea is a Prominent Symptom*. Before proceeding with his paper,

Dr. BLAKE remarked that he would like to say a few words of explanation as to how they came to be holding their meeting in this Institute. The fact was that Dr. Huxley, Dr. Wynne Thomas, himself, and several others practising in this town, were members of the Institute, and they had applied for the use of the room. It was let to various societies, and they simply made an ordinary application for the use of it for a meeting for the reading of papers by members of their body. Another point he ought to mention, in justice to Mr. Pemberton, was that since 1875 he had been exceedingly friendly to members of their body in this town. As he said to him (the speaker) on one occasion, he had canvassed the question, and the majority of the profession having decided as they had decided, he had fallen in with that decision, so that he no longer adopted the same attitude that once he did. (Applause).

Dr. GIBBS BLAKE then read his paper, which, with the discussion of it appears at page 667. The discussion being concluded, the Congress then adjourned for luncheon, and proceeded to the Mason College, where they were hospitably entertained by Dr. Gibbs Blake, President of the College for the present year. After luncheon, they accepted his invitation to look over the library, laboratories, and other departments of the College, in which they manifested great Interest.

On the Congress reassembling at the Medical Institute,

The PRESIDENT said the next item in their business was not on the *agenda*, but they would all feel with him that they were only doing the right thing in offering their best thanks to Dr. Gibbs Blake for the very handsome lunch with which he had so generously entertained them. (Applause). He then proposed a vote of thanks to Dr. Gibbs Blake, which was carried by acclamation.

The Hon. SECRETARY, Dr. HAWKES, then read the report of the last year's meeting.

Dr. HAYWARD next read the report of the Hahnemann Publishing Society, which was afterwards adopted as follows: "The general meeting of this Society was held in the Midland Medical Institute, Birmingham, on the morning of September 20th. Dr. Hughes, President, occupied the chair, and there were about 80 members present. After some discussion on preparation of the companion volume to the *Cyclopædia of Drug Pathogenesis*, it was agreed that the Society should confine its operations to its original undertakings, viz.: the production of a *Repertory*, a therapeutic part of that *Repertory*, and a *Materia Medica*, and not undertake the preparation of the companion volume to the *Cyclopædia*. It was agreed also to authorise the Publishing Committee to publish monographs on medicines for the *Materia Medica* when, in their opinion, a sufficient number have been offered for acceptance, should the Treasurer consider that there were funds sufficient for so doing. The further publication of the *British Repertory*, it was agreed, should be still postponed in the prospect of the completion of the *Cyclopædia*, but it was agreed to proceed with the therapeutic part of the *Repertory*; and Drs. Drysdale, Gibbs Blake, and Hayward were appointed a committee for this purpose, Drs. Clifton and Simpson offering to assist. It was further agreed to offer to present a copy of the Society's books to those gentlemen who undertake work for the Society: also to offer the Society's *Materia Medica*, *Physiological and Applied*, at the reduced price of 10/6, its original price being 15/; also that the Treasurer be authorised to request payment of overdue subscriptions. The various office-bearers were re-elected, and the place of the next meeting was arranged to be that of the next Congress,"

#### NEXT YEAR'S MEETING.

The next item on the agenda was the selection of the place of meeting for 1889.

Dr. POPE rose to move that this meeting at its conclusion do adjourn to meet in 1889 at Tunbridge Wells. He did so for one or two reasons. In the first place, they had already met three times in London, twice at Birmingham, twice at

Liverpool, and once at Oxford, as well as at York, Leamington, Manchester, Clifton, Leicester, Malvern, Leeds, Edinburgh, Matlock, and Norwich. All these towns it would be seen were north of London. During the past few years the number of practitioners of homœopathy in the southern counties had considerably increased. Homœopathy was professionally represented by three or four medical men in Hastings and St. Leonards; as many, or rather more, in Brighton; three in Tunbridge Wells; one in Ramsgate, Margate and Canterbury, besides Croydon, Folkestone and other towns that might be mentioned. Numerically speaking, therefore, they in the southern counties had some right to expect their colleagues to pay them a visit. In the second place he thought it was very important that medical men should endeavour to avail themselves of all opportunities for becoming familiar with the character and qualities of our health resorts (hear, hear), of which Tunbridge Wells was one of the most conspicuous. Last year, when he proposed Tunbridge Wells, the objection was made that there was no train from that town to London later than nine o'clock in the evening, and that nine o'clock would be rather too early to separate. Feeling that there was some force in that objection, but knowing at the same time that it was not insurmountable, he addressed a letter before leaving home to the traffic manager of the South Eastern Railway, asking him if a special train could be provided at half-past ten or eleven o'clock. Unfortunately, Mr. Myles Fenton was at present on the Continent, and the only reply his deputy could give was that the request should have his attention. He addressed another letter, however, to one of the directors, with whom he was personally acquainted, and he replied as follows: "It is always a pleasure to the South Eastern Railway Company to give specials on all occasions of fêtes, &c., at Tunbridge Wells, and without exactly pledging myself, you may safely say at the Birmingham Congress that a train will be granted should the Homœopathic Congress be held at Tunbridge Wells in 1889." (Applause.) That difficulty, therefore, was swept away at once. The only other possible difficulty that suggested itself to him as being likely to arise was not the difficulty of getting them away from Tunbridge Wells, but of preventing them from remaining (laughter)—giving up their several spheres of labour for the privilege of residing in a town possessing such a large number of attractions as Tunbridge Wells did. But when he told them that there were only about 26,000 or 27,000 people there, that it was the healthiest town in the kingdom, and that there were said to be thirty-five doctors

endeavouring to maintain an existence by devoting themselves to the public service, he thought they would all feel convinced that even the privilege of residing in such a town as Tunbridge Wells might be too dearly purchased (laughter), so that this remaining objection need not be entertained for a moment. Further, he might say that they had ample accommodation in the shape of rooms for holding the meeting, and hotels which provided excellent dinners; and, again, Dr. Neild, Mr. Pincott, and himself would feel the greatest possible pleasure in carrying out any arrangements which might be necessary for rendering their meeting a successful and, if possible, a memorable one. He therefore begged to propose that their meeting be held next year in Tunbridge Wells. (Applause.)

Dr. HUGHES seconded.

Dr. NOBLE proposed and Dr. KENNEDY seconded Newcastle.

Mr. HARRIS, feeling that the main object was to bring together as many members as possible, proposed London.

Dr. DUDGEON seconded.

After a brief discussion, during which Dr. POPE pointed out that Tunbridge Wells was within easy access from London,

The PRESIDENT put the question to the vote, with the following result:—For London, 15; for Newcastle, 3; for Tunbridge Wells, 23; for London as against Tunbridge Wells, 11; for Tunbridge Wells, as a decisive vote, 28.

The PRESIDENT then formally announced that Tunbridge Wells would be the place of meeting for 1889, and on the motion of Dr. HUGHES, seconded by Dr. DUDGEON, it was agreed that the meeting be held as usual on the Thursday of the third week in September.

#### ELECTION OF OFFICERS.

The Congress next proceeded to the election of officers, and on the customary ballot for the election of President, Dr. BLACKLEY, of Manchester, was declared elected by a practically unanimous vote.

Dr. BLACKLEY, who was received with applause, could only say that he was very much obliged for the honour they had done him. He had previously resolved that he could not take the office, and had already once refused it on election, and once had refused to allow his name to be submitted, but as so unanimous a vote had been given in his behalf he felt that he could only accede to the wish of the Congress, and promise that he would do his best. (Applause.)

The appointment of Vice-President coming next, there were cries of "Dr. Pope," and on a motion being made Dr. Pope was unanimously elected.



Dr. POPE, in reply, said he had to thank them for having asked him to take this post, and also for the very large vote they had given in favour of coming to visit them in Tunbridge Wells. He could assure them that everything they in Tunbridge Wells could do would be done to render the meeting as attractive, interesting, and useful as possible. He hoped they would have some good papers, and they had already, by the election of Dr. Blackley to the Presidency, ensured that there would be a good and sound scientific address. (Hear, hear.)

It was resolved that Dr. NEELD and Mr. PINCOTT, of Tunbridge Wells, be appointed joint local Hon. Secretaries.

Dr. DUDGEON remarked that their very efficient general Secretary, Dr. Dyce Brown, was dispossessed of his office of general Secretary to be degraded to the Presidential chair (laughter), and he moved that he be reinstated. (Hear, hear).

Dr. POPE had very great pleasure in seconding.

Dr. DYCE BROWN thanked them, and said he should be very pleased to resume his duties of Secretary next year. Dr. Madden had been their Hon. Treasurer for a number of years, and had performed the duties most admirably. He left it to some gentleman to propose—

Dr. MADDEN: Somebody else. (Laughter.) On pressure, however, the speaker consented, and, accordingly, he was unanimously re-elected.

#### A NEW DEPARTURE.

Dr. CLIFTON then rose to make a suggestion regarding the discussions of the Congress. He pointed out that as their meetings were limited to one day they seldom had sufficient time to enter into a good discussion of the papers presented, although the discussion that morning, he thought, could scarcely have been better. He would suggest that the papers presented to the Congress should be previously furnished to the *Review*, and published in the August or September number at the latest, in order that members might be in possession of the chief points, and be better able to take part in the discussion. At present they were ill-prepared to keep to the point, or to debate properly the subjects brought before them, with the result that, like Thackeray, they remembered when it was too late what it was they would have liked to say. The speaker also threw out a suggestion that it might be well to appoint certain gentlemen to open the discussion, limiting the opening to ten minutes, and the subsequent speakers to five minutes each. It had been urged that if the papers were taken as read, and members had the opportunity of reading them before the Congress, they would not come to the meeting.

(Hear, hear.) But as the case stood at present the members all knew that they would have the opportunity of reading the papers after the meeting, and surely it could not be for the mere sound of the voice that they preferred to come and hear them read. He thought it would add to the value of the discussion, would tend to make it more lively, and would altogether do more for the good of the Society if they were enabled to give more thorough discussion to the papers brought before them. (Applause.)

Dr. HAYWARD thought the publication of the whole paper would be a mistake. He thought, however, that the publication of a short synopsis, in order to give the members some idea of the line of thought to be pursued, would be of very great advantage, and if Dr. Clifton would limit his proposal to a synopsis, he would be very glad to second it.

Dr. PERCY WILDE seconded the original proposal.

Dr. GIBBS BLAKE would second the proposition of Dr. Hayward, as an amendment to the other. To read the whole paper beforehand would take the edge off the interest in it, and would keep a good many members away. (Hear, hear).

Dr. CARFRAE hoped some one would be appointed to open the discussion, and said that if a synopsis only were published, the person who was to open the discussion ought to have the whole paper for perusal.

Dr. POPE thought the amendment was distinctly the better proposition of the two ; but the idea of publishing the synopsis in the *Review* might be improved upon by publishing it in the annual circular. Everybody, he was sorry to say, did not take the *Review*. Some people borrowed it. (Laughter.) He certainly agreed with Dr. Blake in thinking that having the papers to read beforehand would take the edge off the pleasure of discussing them. He should be very sorry for any alteration to take place which would involve a paper not being read by its author. Then, again, Dr. Carfrae had suggested that someone should be appointed to open the discussion. But the question arose : who was to appoint ? They had not the ghost of an idea who were going to read papers at the next meeting. There was no standing committee. If a standing committee were appointed, it might be open to them to select a gentleman to initiate the discussion, and this he thought was a very good idea.

Dr. HUGHES.—The past and elected Presidents, with the Treasurer and Secretaries, are understood to be the standing committee. They would select someone, if necessary.

Dr. HAYWARD suggested that the author of a paper should ask someone to open the discussion.

Dr. DUDGEON said that the chief charm of their meetings as conducted at present lay in their not knowing what was to be said, and he thought the publication even of a synopsis would result in the chief interest of the gathering being taken away. The appointing of some person to open a discussion was not usually done unless it was some special subject chosen by the meeting, and when there was no paper read. When a paper was read, it was usual for those present to rise according as they felt moved to do so. In looking back, he did not think their discussions had been so bad after all, and he scarcely thought the discussion that morning could have been improved, even if they had had a full knowledge of the paper to be brought before them. He should vote against any alteration in the present mode of procedure.

Dr. BLACKLEY remarked that the reading of papers was not the only thing for which they came together. He always found it very advantageous to have a talk with his friends, hear their sentiments, and take the discussion upon the papers just as it came, spontaneously. He was very fond of spontaneous action on any matter, because he generally found that it was rather more real than something which had been cut and dried, as it were, beforehand. He did not think they would improve matters by altering the present system.

Dr. DRYSDALE thought the publication of papers beforehand would convert the discussions into long, dry criticisms and essays. But it would be an improvement to publish a short synopsis, as Dr. Pope suggested, along with the circular. It should be very short.

The question was then put to the vote, and the Congress divided as follows :—For the proposal that there be no alteration, 14 ; for the publication of a synopsis, 27 ; for the original proposition, 3 ; for the “previous question”—that there be no alteration—as against the amendment for a synopsis, 8 ; for the synopsis, as the substantive motion, 23.

The proposal of Dr. Gibbs Blake, for a synopsis of the papers, was therefore declared carried.

Dr. DUDGEON : Who is to prepare the synopsis ?

The PRESIDENT : The author of the paper.

The SECRETARY said he would get it done, if necessary.

The PRESIDENT added that members who gave papers must send in their synopsis in good time for publication.

It was understood that the synopsis would be issued with the circular.

CONGRATULATIONS.

The PRESIDENT informed the members that their friend Dr. von Villers, of Dresden, was the bearer of congratulatory messages from several German and Swiss societies, and would no doubt like to deliver them to the meeting.

Dr. VON VILLERS, who was cordially received, said he should not have thought of speaking to them in a language with which he was not familiar, but for the invitation Dr. Dyce Brown had given him. He could only tell them that when it became known in Germany that he intended to come over and be present at their Annual Congress, three scientific associations to which he belonged, viz., the Central Verein, the Association of Homœopathic Physicians of North Saxony, and the Society for South Saxony and North Bohemia, all agreed very much with his intention, and entrusted him with very hearty greetings for the members of the Congress. (Applause.) He also wished to say that so long as they had not a European Convention every year they would always be glad to see some of them in their midst when they held their annual gathering. He thought, and he had always tried to convince others, that the work of homœopathic physicians should not be confined to their own country. (Hear, hear.) They should try to all work together. It was in consequence of this that he had come there to make their acquaintance, and they would be very glad to see some of the members of the British Homœopathic Congress at Cologne next year, if it were possible for them to come. (Applause.)

The PRESIDENT said they were proud to receive such a message of congratulation, and extremely pleased to see Dr. von Villers present as the bearer of those kind messages. He felt sure the meeting would authorise him to ask Dr. Villers to return their sincere thanks to the three Societies named, and that if any of them were in Germany at the time of those meetings, they would feel greatly the pleasure of being present. (Applause.)

PAPER BY DR. WOLSTON.

Dr. WALTER T. P. WOLSTON then read his paper on "Naso-Pharyngeal Hypertrophies in relation to Deafness," which, with the discussion upon it, we shall publish in our next number.

DR. COMPTON BURNETT'S PAPER.

Dr. COMPTON BURNETT, who was unable to be present, had promised a paper on "Gonorrhœa in its Constitutional Aspects

with special reference to the Sycosis of Hahnemann." In Dr. Burnett's absence the paper had been allowed to stand over, and

Dr. HUGHES now proposed that as the hour was so late the paper be taken as read, and published as part of the transactions of the Congress.

Dr. HAWKES remarked that he should like to say just a word as to the cause of Dr. Burnett's absence. He saw him in London some time ago, when he told him that on account of a family affliction he had found it very difficult to write his paper at all, but that with the aid of Dr. Dyce Brown, or through Dr. Dyce Brown, with his (the speaker's) aid, he thought he might say the paper was in part forthcoming. Dr. Burnett had gone away for a rest, and found it quite impossible to attend the Congress. If they knew the whole of the circumstances he felt sure they would excuse his attendance. At any rate they would read his paper in the *Review*.

This concluded the business of the Congress, but

Dr. HUGHES remarked that before they separated they ought certainly to pass a vote of thanks to Dr. Dyce Brown for his able conduct in the chair.

The vote of thanks was carried by acclamation, and suitably acknowledged, after which the meeting dispersed.

#### VISIT TO THE BIRMINGHAM AND MIDLAND COUNTIES HOMŒOPATHIC HOSPITAL.

At the conclusion of the business Dr. Gibbs Blake, Dr. Thomas, Dr. C. Huxley and Dr. Wingfield, conducted the President and several members of the Congress through the wards of the Homœopathic Hospital. Notwithstanding the presence of workmen engaged in repairing and cleansing portions of the Institution, the wards, well-tenanted by comfortably cared for patients, presented an aspect of cheeriness and cleanliness which was gratifying to all. We hope that when next the Congress meets in Birmingham we shall find that the part remaining to be re-built will be completed, when the frontage will have quite an imposing effect. Birmingham is rich; Birmingham people are liberal; and we make no doubt but that ere long the needed structural alterations in this important institution will be carried out.

#### THE DINNER.

The dinner took place in the evening at the Grand Hotel. Dr. Dyce Brown occupied the chair, Dr. Wynne Thomas the vice-chair, and the company included several visitors, among them being Dr. von Villers, General Phelps, Major Vaughan Morgan, S. Timins, Esq., and P. H. Pope, Esq.

At the conclusion of the dinner,

The PRESIDENT rose to propose the toast of "The Queen." He said, those who drank this toast did so with no ordinary feelings. The amount of affection felt for the Queen was probably such as did not exist in reference to the sovereign of any other country. By the part she had taken in every work of benevolence, by the feeling manner in which she had shown her sympathy with every case of suffering, Her Majesty had made herself thoroughly at one with her people, while in the books she had published she opened up the inmost heart of her domestic affairs to the inspection of her subjects. As the model of a woman and a Queen she was simply perfection, and it was this happy combination of qualities which made her universally respected and beloved. In toasting Her Majesty it was impossible to forget that she was the representative of a magnificent empire, and the progress which this empire had made during her reign had been simply marvellous. The manner in which, even during the last few years, enormous provinces had seemed to drop into our hands was almost miraculous. In Africa, for instance, our dominion had extended almost in spite of ourselves, until we had our Protectorate reaching to Zambesi on the north and down to the Transvaal on the south. Only the other day a magnificent scheme was started, which was destined to create a revolution in the future of Africa, and not long ago it was pointed out in *The Times* that in all probability our dominions, beginning in Egypt in the north, would eventually meet those in the south, so that we should have a continuous line of imperial dominion in Africa from north to south. We could only hope that our beloved Queen might long reign to see her dominion still further increased, and that the blessings of happiness and peace might long prevail throughout the Empire.

The toast was drunk with the customary enthusiasm.

The PRESIDENT then gave "The Prince and Princess of Wales and the rest of the Royal Family." He said the Prince of Wales, although he had not at present any actual duties devolving upon him, and was supposed by many to be merely an ornamental personage, was in reality as hard working as many men who were actively engaged in the business of the day. (Hear, hear.) Whenever any public work had to be performed, whenever any new scheme to further the prosperity of any part of the Empire was brought forward, they found the Prince of Wales at its head. He was universally popular, one reason for this popularity being that he was neutral in politics. At present he was going through a course of training for the throne which very few Crown Princes had had the

advantage of, and when it pleased God to exalt him to the highest position in the land, they could confidently look forward to seeing him a popular king, doing all he possibly could for the welfare of the great empire which would be committed to his charge. Of the Princess of Wales no one had anything but good to say. She was beloved by every one. The other members of the Royal Family were also, in their respective positions, very active in good works, and he felt sure that the toast had only to be submitted to ensure its cordial reception at their hands.

The toast was received in a similar manner to the last.

The PRESIDENT, again rising, said the next toast was one in which the present company were very specially interested—*"The Memory of the Great SAMUEL HAHNEMANN."* He did not need here to give any sketch of his life. That was well known to all of them. It seemed to him, however, in looking at the life of Hahnemann, from its beginning to its close, he showed himself such a remarkable specimen of the finest type of character, that he might well become a study for the young men of the present day, and, in fact, for them all. At school his energy and perseverance marked him out as being an unusually clever boy, so that his gymnasium and university training were given him almost gratuitously. From the beginning therefore he showed that energy and determination which stood him in such good stead throughout life. In passing through the university he made use of every possible opportunity that arose, took the very highest position open to him, and became the warm friend of his professors. Afterwards, on entering into practice, the same enthusiasm animated his career. He was devoted to his profession, and at the same time cultivated all its collateral branches, such as chemistry, in which, as they knew, he showed very great proficiency. With the same energy and determination which he had previously shown, they saw him making use of all the means at his disposal in order to render himself what would be called an all-round man, and displaying characteristics which pointed him out to all who knew him as a man likely to make his mark, and to be a model for all young men in this or any other profession. Later on, as he became a practitioner, they saw the same honest, conscientious, and straightforward course pursued, leading him rather to throw up practice altogether than be content to treat his patients in the rough and barbarous manner then in vogue. Rather than gain a living, as so many others did, by treating his patients in the way described, he preferred to starve. These qualities were still exhibited when working hard to gain a livelihood by translating books and in collateral occupations,



and at the same time pursuing his professional investigations by studying all the medical works of the day that he could get hold of. From this time they saw the law of similars dawning upon him. He was a model of the earnest scientific investigator—was not hasty at once to promulgate this law, and bring it forward as a new fledged thing without evidence in its support. On the contrary, he worked laboriously for years, reading every work he could procure, from the time of Hippocrates downwards, to ascertain what amount of collateral evidence he could bring to bear. Having found this, he set to work patiently and laboriously, trying medicines on himself, and seeing if they acted in the way he expected. Here, as he had said, they had the very model of the scientific investigator. The patience, courage, and honesty of purpose he displayed made him a model for students of all times. Having come to the result of his investigations, and feeling assured that he had found the law of cure, they saw the same marvellous perseverance in his conduct—never flinching for a moment, in spite of obloquy and persecution, but persisting in an even course, firmly believing that he had truth in his possession, and that ultimately it must succeed. Looking at him at the very first dawning of his discovery, driven from post to pillar, and obliged to eventually settle down in the quiet little town of Coethen, one could not but recognise in him the essence of the true hero, a man of indomitable energy and perseverance, and the perfection of a student. They could fancy him sitting down calmly in the midst of all his troubles, smoking his pipe, and consoling himself with the reflection that he had in his possession a law which would revolutionise medicine, and in time assert itself as the basis of universal treatment. When they found such writers as the editor of the *Lancet* speaking of Hahnemann in 1875 as an “impudent charlatan,” they could only regard such conduct as simply melancholy, and such as must recoil more on the head of the ignorant writer rather than fall upon that of anybody else. (Hear, hear.) He was persuaded that the time was bound to come when Hahnemann would not only be revered, as he was by themselves in England and by thousands in America, but when he would be looked upon by the whole profession as not simply one of the heads in the school of medicine, but one of the greatest heroes who ever lived in connection with any branch of science. (Applause.) He begged to propose: “The memory of our great master, Samuel Hahnemann.”

The toast was drunk in respectful silence.

Dr. DUDGEON was then called upon. He said the toast he had to propose was that of “the Homœopathic Hospitals,

Dispensaries and Homes." The homœopathic hospitals and dispensaries were the great mediums for the propaganda of homœopathy in this country, because they were the means of practically demonstrating the truth of the system. But although they had a great many hospitals, he did not think they were sufficiently brought before the public to enable them to do all the good which they might otherwise accomplish. They had a splendid hospital opened in Liverpool last year, when most of those present assisted. There was a very nice little hospital there in Birmingham. There was also a hospital at Bath and one for children at Southport, which contained sixty beds. Children, he should say, were especially adapted for homœopathic treatment, because, as everyone knew, they were very much influenced by their imaginations. (Laughter.) The doses were likewise very well adapted to their size. (Laughter.) The success of the hospital at Southport, as regards the cure of patients, had been very considerable, but they had seen no account of it in the public organs of homœopathy. It would be of great advantage if those connected with the hospitals would bring these institutions, their working power, and the statistics concerning them, very much more prominently before the public than they had hitherto done. There was another hospital—he had almost forgotten to mention it—the London Homœopathic Hospital (a laugh), and in connection with this institution he must call upon Major Vaughan Morgan to respond to the toast. (Applause). The London Homœopathic Hospital was not subject to the reproach which he had mentioned with respect to the other hospitals. Its success had been secured by the way in which it had been steadily brought before the public, and this they owed in a great measure, he might say in the greatest possible measure, to Major Vaughan Morgan, who might very well say, like Louis the Great, *l'hôpital c'est moi*, because it was he who had been the moving power of the hospital, and had brought it to its present position. He was sure, therefore, that they would all join heartily with him in doing honour to Major Vaughan Morgan. He would allude to the dispensaries, but they were so numerous that he might say *quot medici tot dispensaries!* because wherever a homœopath practised in a town there a dispensary had been established. Continuing, the speaker said he was given to understand that he was to include in the toast the Homœopathic Homes, but he believed there was only one home, and that also they owed to the fostering care and energy of Major Vaughan Morgan. As they were aware, from the pamphlet that had been circulated, it had been opened, and was now in working order. He was

afraid he had omitted to mention two other hospitals, the one at Bournemouth, and the other at Hastings or St. Leonards, both of which were in flourishing circumstances, but both of which would be very much advantaged by being brought more prominently before the public. He would not detain them longer, because brevity was the soul of wit, and they were all impatient to hear the eloquence of that great supporter of the London Homœopathic Hospital and Convalescent Home, Major Vaughan Morgan. (Applause.)

Major VAUGHAN MORGAN, in responding, said it showed what a number of hospitals there were, when their friend Dr. Dudgeon kept on supplementing them and yet sat down without naming them all. The youngest born was at Eastbourne, a charming little hospital with four beds, which had passed 50 patients in the first twelve months, and he was happy to add without a single death. (Hear, hear.) He had so often spoken on the subject of hospitals that it would be difficult for him to say anything new of any importance, while as regards dispensaries, he was quite sure that everyone around that table knew a great deal more about them than he did. The only thing he would say about hospitals was this: If they were to succeed in the future it must be, as Dr. Dudgeon had said, by greater publicity being given them, and by care on the part of those who were responsible for their management that they did not run into undue expense. (Hear, hear). He had recently been called upon to look into the affairs of one homœopathic hospital, and had been rather startled to find that the pauper patients in that hospital actually cost for diet more *per diem* than first-class passengers on the P. & O. steamers. (Laughter.) This, although seemingly almost incredible, was an actual fact; and it only showed the necessity of looking after the expenditure of hospitals if they wished them to succeed. Then again, it seemed to him to be absolutely necessary, if the existing condition of hospitals was to be improved—and it could not be worse than it was—that they should adopt a fresh system. He thought they ought by some means or other to get at the labouring classes—those who really benefited by the hospitals—but who, up to the present, gave absolutely nothing for their support. In London they had, by a good deal of exertion, succeeded in getting about £300 a year from this source, and they were now about to establish another plan which, he hoped, would bring them another £300. It was an idea which he commended to all managers of hospitals, and especially the hospital in Birmingham, where, it appeared, they did nothing of the kind. He would go on to remind them that they had a trinity of institutions devoted to homœopathy in

connection with London. They had not only the London Homœopathic Hospital, but a very important and thriving institution for nurses. He was inclined to think the medical profession did not properly appreciate their institute for nurses. He could assure those who had never employed these nurses that they were of the very highest character in every sense of the word, and if anyone felt disposed to doubt the word of those homœopathic physicians who had employed them, he should like to refer them to Miss Florence Nightingale, who was a very good authority, and who had quite recently written to the Homœopathic Hospital in London to say that the nurses of that institution were a credit to the Empire. (Hear, hear and applause.) Having come into contact with one of them who was nursing a friend of hers, she recommended a relative of hers also to send for one, and after that wrote the letter referred to. They had in this Institute, which he was instrumental in establishing with the assistance of Dr. Yeldham and other medical friends, 42 thoroughly efficient nurses, and he would like the members of the profession to remember that they could always have the services of a first-rate nurse by sending there. The Institute was adapted for 60 nurses, and they were only waiting for medical men to give them a little more encouragement to increase the number to that extent. The speaker went on to say that the third member of the trinity to which he had referred was the Convalescent Home at Eastbourne, of the establishment of which he gave a detailed explanation. It appeared that from the circumstances of the case the owner of the land thought himself justified in asking them to buy two houses opposite, and it was calculated that they could take these two houses, modify them to suit their purpose, and furnish them, for about £3,000. They had £1,500 in hand, and wanted £1,500 between now and the end of November. He (the speaker) would be very glad if the medical gentlemen present would bring the case before their patients. He was determined to get this £1,500—(Hear, hear)—but he should be thankful for their help in getting it. Having further explained that the patients would be expected to pay a sufficient sum to cover the cost of their board and lodging, and that they had the best of food, medical attendance, &c., the speaker said he entirely agreed with Dr. Dudgeon that these institutions were of their nature calculated to make known and spread the system of homœopathy, adding that he looked upon hospitals in the light of missionaries in the wilderness, put there for the purpose of spreading a knowledge of the truth. (Applause.)

DR. DRYSDALE, in proposing the toast of "Homœopathic Literature," said the propaganda of homœopathy depended

in the first place upon the practitioners, who were, as it were, the blood and bone of the organism, but unless there was at the same time a nervous system to connect their efforts together, they could not become a living, moving and progressing body. Proceeding to speak of their literature as corresponding to the nervous system, he pointed out how necessary it was that it should be supported in every possible manner. The chief part of their literature must be considered the periodical and the great work of the *Cyclopædia*, and he would therefore connect with the toast the names of Dr. Pope and Dr. Hughes. (Applause). He thought they ought to go back to a quarterly journal, which should embrace both the annals of the British Homœopathic Society and a more elaborate form of papers. Nobody would take the trouble to read an elaborate paper which was to be effaced in a month by some other article, and was only published in snippets. He hoped they would think over this suggestion.

Dr. POPE, in reply, thanked them for their appreciation of the work done in connection with periodical literature, and for the additional assistance which he was pleased to state had been rendered to it during the last two or three years. He had now been connected with the *Monthly Homœopathic Review* for three-and-twenty years, and he could safely say that they had never been better supplied with really useful papers than they had been during the last two or three years. (Hear-hear). That fact he looked upon not only as gratifying to the editors, but as a satisfactory index of the progress which homœopathy was making in the country. Dr. Dudgeon had referred to the hospitals and dispensaries as requiring more publicity. It was through their Journals that this publicity must be given, and it might be given in two ways. In the first place it might be given by statistics, which, unfortunately, nobody would read—(laughter)—and secondly, it might be given by carefully prepared records of the work done at those hospitals, and it was this that he desired to see. He believed that good clinical work recorded in their journals told more than anything else in favour of homœopathy, and by good clinical work he meant not merely bald notes of cases treated with a couple of dozen medicines, but cases carefully, fully, and adequately recorded, in which the medicines had been very carefully selected, and thoroughly well persisted in. So long as they were dependent upon private practitioners for the records of such work, it was very difficult to obtain—though in the cases reported by Mr. Hahnemann Blake in the *Review* a few years ago they had as good a specimen of how such work may be usefully done as they could desire—but now that they had hospitals, dis-

pensaries, and a convalescent home, there was no excuse for carefully worked out cases not being recorded in their journals. If they observed the records of cases in the journals of the old school, they would notice that they mostly tended towards the elucidation of pathology, and wound up with a post mortem. (Laughter). The desire of homœopaths, on the other hand, was to teach practitioners not what they would see when a man was dead, but how he might best be cured and kept alive, and that, in a large degree, was to be done by a very careful and accurate selection of the drugs used. He could assure them that *The Monthly Homœopathic Review* never rejoiced more than to see a good clinical paper. (Applause.) Dr. Drysdale had expressed a desire that they should revert to the old quarterly periodical. None regretted more than he (Dr. Pope) did when *The British Journal of Homœopathy* was brought to a close (hear, hear), but he believed that we lived in such an exceedingly fast age, when telegraphs, telephones, and other modern agencies helped to carry on the business of the world at such a terrific speed, that the "quarterly" was about played out. (Hear, hear.) Dr. Drysdale had also suggested that they should coalesce with the annals of the British Homœopathic Society. He might say that they did so already, for the first article in every number of the *Monthly Homœopathic Review*, during ten months of the year, was always devoted to a record of the work done by the British Homœopathic Society. In conclusion, the speaker thanked them in the name of himself and that of his colleague, Dr. Dyce Brown and also of Dr. Clarke, of the *Homœopathic World*, for the kindness with which they had received the toast, once more adding how very much obliged he was for the help they had given him during many years past in carrying on the work of the *Monthly Homœopathic Review*. (Applause.)

Dr. HUGHES also replied: Dr. Pope had spoken for the journals of homœopathy. He had to respond for its expositors and apologists, for its translators and compilers, its workers in *Materia Medica* and clinical medicine. He appealed to their colleagues to show as much interest as they could in their work. (Applause). He bespoke more encouragement at the congresses on behalf of the work of the Homœopathic Publishing Society, and alluded to the languid way in which the *Cyclopædia of Drug Pathogenesis* was being received in America. Very few journals took any notice of it, and very few workers in *Materia Medica* based their studies upon the materials which it furnished. Workers in homœopathic literature got little or no emolument, as a rule, for their work, and what they wanted was that their colleagues should



show their appreciation, not by mere praise—they did not ask for that—but by using and turning to account the results of the work done. (Applause.) He trusted they would demonstrate that appreciation yet more cordially in the future.

Dr. GIBBS-BLAKE proposed the toast of "the Visitors," coupled with the names of Dr. von Villers, who had come all the way from Dresden on purpose to be present (hear, hear), and Mr. Sam Timins, of Birmingham. He regretted that their guest from Brooklyn, Dr. McEwen, was obliged to leave before dinner. The speaker took occasion to refer to what had been said in reference to hospitals, pointing out that for the support of their hospitals they got as much as £250 a year from the artisan classes in payments (hear, hear), and about £300 a year every third year as the proceeds of their Hospital Sunday. (Applause.)

Dr. VON VILLERS, who was again well received, spoke in terms of appreciation of the welcome that had been given him, and passed on to speak of the desirability of their having an international homœopathic publication, remarking that when he undertook to publish a homœopathic directory, or an annual homœopathic publication in three editions, he knew how difficult would be the task, but their kind sympathy had given him fresh courage, and he hoped eventually to succeed. (Applause.)

Mr. S. TIMINS, in responding, alluded to the sort of prescriptions in the medical books of a long gone-by age, and said he often thanked Heaven that he was not born in those days (laughter), while, remembering the large glass of salts and senna which used to be the favourite family medicine, even in his own time, he had sometimes felt inclined to wish that he had been born a little later than he was. (Laughter.) The homœopathic system was a permanent protest against the eccentricities and horrors which formerly prevailed. He was glad that Birmingham, his native town, was made the meeting place of a body of gentlemen engaged in so great a work. He congratulated them upon the progress they had made, expressed his confidence that as time went on increasing honour awaited them, and ended by jocosely assuring them that if he had the misfortune to be a patient himself he would much rather be entrusted to homœopathic than to allopathic hands. (Laughter and applause.)

Dr. HAYWARD, in proposing the health of the Treasurer and Secretaries, spoke in acknowledgment of the manner in which the arrangements for the Congress had been carried out. Dr. Hawkes had filled the office of General Secretary to their entire satisfaction, and the manner in which the local business had been managed by Dr. Huxley deserved their



warmest appreciation. It was the first time the Homœopathic Congress had had the privilege of meeting in the medical institution of the town to which they had been invited, and he thought it redounded very much to the credit of the homœopathic practitioners of that town, and to the credit of the profession generally. (Applause.) He gave them health, long life, and success to the Secretaries and Treasurer of the Birmingham Congress, coupled with the names of Dr. Hawkes, Dr. Huxley, and Dr. Madden.

Dr. HAWKES, in responding, said he was exceedingly indebted to them for the kind manner in which they had drunk his health, and he felt sure that Dr. Madden, who appeared to have gone, would share his feelings. They had, however, to thank Dr. Dyce Brown more than himself for the success of this Congress. Alluding to the part he had taken, the speaker referred in a humorous manner to his struggles with the German references in his friend Dr. Compton Burnett's paper—which they would now have the pleasure of pronouncing for themselves (laughter), and concluded by expressing the hope that just as some of our older villages were originally built partly by Danes, partly by Romans, or partly by Saxons, while no one now cared to question their origin, so the time would come when the medical profession would be welded into one great whole, no one caring by whom this or that part of the structure had been laid, but all working together for the common good. (Applause.)

Dr. CLIFTON proposed the last toast, that of "The President." After some observations as to the desirability of homœopathic physicians using every effort to extend and protect the great truth in which they believed, the speaker went on to say that if they had a President whom they respected and honoured, let them show him that they did so. Those of them who remembered him when he was in Aberdeen, as a teacher, knew that the influence he exerted there, in bringing the practice of homœopathy before so many men, was of no mean order. When he came to London, in connection with the Homœopathic hospital, the labours which he there performed, and the lectures he delivered, were also of great service to their body. As a homœopathic physician, they knew him as one to whom they could send patients from the country, and always be sure that he would be honourable enough to send them back again. (Laughter). While as President of the Congress they knew how ably he had conducted that day's proceedings, and in his opening address had brought into one focus the leading incidents in the progress of homœopathy during the last few years. It was a very able paper, and one which was likely to be of great service both to themselves and others.

He called upon them to drink, with all the honours, to Dr. Dyce Brown, the President of this Congress. (Applause.)

The toast was drunk with "three times three," and the singing of "For he's a jolly good fellow."

The PRESIDENT, in response, thanked them from the bottom of his heart for the exceedingly kind manner in which they had received him. He thanked Dr. Clifton for his flattering remarks, adding that he only wished he were half worthy of all the kind things he had said about him; said a few words in acknowledgment of the way in which they had enabled him to do his best to fulfil his duties this year, and, in conclusion, again thanked them very cordially for the exceedingly kind manner in which they had received the toast.

The Company then separated with "*au revoir*," and the Congress of 1888 came to a close.

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### HAHNEMANN PUBLISHING SOCIETY.

A meeting of the Hahnemann Publishing Society was held at the Midland Medical Institute, Birmingham, on the 20th September, when the chair was taken by the President of the Society, Dr. Hughes, of Brighton.

The SECRETARY, Dr. J. W. HAYWARD, read the

#### ANNUAL REPORT,

which was as follows:—Since the last general meeting one new member has joined the Society, viz., Dr. Thornley, of Bolton; one subscription has been paid; six copies of the re-translation of Hahnemann's *Materia Medica Pura* have been sold through Messrs. Gould & Son; and three copies of the *Materia Medica, Physiological and Applied*, through Messrs. Trübner. One copy of the latter book has been presented to Messrs. Gould & Son, to encourage them to promote the sale, but they have not yet called for any copies for sale. It is to be feared that the purchasers of the *Cyclopædia of Drug Pathogenesis* have not fairly appreciated the fact that that work is only a continuation of the *Hahnemann Materia Medica Pura* re-translated by Drs. Dudgeon and Hughes, and issued by the Society, which are, indeed, the two first volumes, and that the volumes of the *Cyclopædia* are really volumes 3 and 4. Purchasers of the latter should, therefore, certainly purchase the former. In consequence of the resolution come to at the last general meeting, the Society has not published anything since that meeting, and therefore no renewals of subscriptions have been called for, nor has much work been done. Dr. Alfred Drysdale's arrangement of *colocynth* for the *Materia Medica, Physiological and Applied*, though completed, remains

unpublished. Dr. Simpson has presented his arrangement of the symptoms of the Urinary Organs for the *Repertory*, but on examination by Dr. Drysdale some amendments were suggested, and Dr. Simpson is engaged on their introduction; and I am myself engaged on the preparation for the re-issue of the Throat Chapter of the *Repertory*, made up from the *Cyclopædia* and the re-translation. Dr. Clifton has made a movement in the preparation of the therapeutic part of the *Repertory*, and Dr. Drysdale has undertaken to assist him therein. Your secretary would throw out the question: Would it be desirable to offer a copy of the Society's books to those gentlemen who will undertake work for the Society? He would also ask if he might offer the re-translation or the *Materia Medica* at any reduction in price, as there is a large stock of both on hand. The financial state of the Society is the following:—  
Receipts: For subscriptions, £1 1s.; for re-translations, £6 19s. 3d.; and for *Materia Medica*, £1 7s. 4d.; total, £9 7s. 7d. Payments: For postages and carriage of books, 8s. 9d.; and for insurance of stock, 14s. 3d., together £1 3s.; leaving a balance to the credit of the Society of £8 4s. 7d., which, with the balance as per last report of £7 8s. 10d., makes a total of funds in hand of £15 13s. 5d., as shown by the balance-sheet in the hands of the auditors. There are some outstanding subscriptions due, and your treasurer awaits instructions as to whether he should press for payment.

The auditors, Drs. Clifton and Harris, reported that they had examined the accounts and found them correct.

The CHAIRMAN, inviting discussion, said the first thing concerned the resolution come to at Norwich and affirmed last year, to the effect that the *Cyclopædia of Drug Pathogenesis* be taken as the pathogenetic basis of all their future *Materia Medica* work, and that the most practicable way of supplementing that with what was necessary to make it available for the practitioner, was to publish a companion volume. It would be remembered that at their last meeting, at Liverpool, the task of preparing such a volume was assigned to Dr. Herbert Nankivell, but on this occasion he (the speaker) did not see Dr. Nankivell present.

The SECRETARY explained that he had heard from Dr. Nankivell, who had been unable to do anything, and desired that some one else should take up the work.

The CHAIRMAN having expressed his regret that so excellent a worker was not available, asked whether the companion volume should still be undertaken, if so, who would volunteer the task of its editorship? The necessity for a companion volume, and the difficulty of securing anyone to undertake its preparation having been discussed, the Chairman asked,

were they to rescind their previous resolution, that the companion volume be proceeded with without regard to anything else, or would they modify it by saying that the rest of the *Cyclopædia* should be proceeded with on a different plan? Not that they could determine that, because the two societies, the British Homœopathic and the American Institute, had undertaken that work, and they would only have to submit their opinion.

The SECRETARY: There are three works that we, as the Hahnemann Publishing Society, have in hand—the *Repertory*, the *Materia Medica*, and the therapeutic part. The question for the Society to settle now is which of these parts shall be proceeded with.

Dr. DRYSDALE said: As the *Cyclopædia* did not belong to the Hahnemann Publishing Society at all, he hardly thought they were called upon to discuss the matter.

The CHAIRMAN: But that's the very thing we decided upon at Norwich; that the *Cyclopædia of Drug Pathogenesis* be taken as the basis, and the work of the Hahnemann Publishing Society be to publish a companion volume thereto.

The SECRETARY read the resolution in question, and said it did not involve the Society in the publication of the companion volume.

The CHAIRMAN said it was the resolution of the Hahnemann Publishing Society, and implied that the publication was to be by the Society, of course.

Dr. GIBBS BLAKE would propose that the work of the Hahnemann Publishing Society consist of the work that was laid before them anterior to the Norwich meeting. They had a long discussion on the previous evening in committee, and all came to the conclusion that this was not their work at all, but that the *Cyclopædia of Drug Pathogenesis* was the work of the British Homœopathic Society and the American Institute.

After some discussion as to whether or not the Hahnemann Publishing Society undertook the publication of the companion volume,

The CHAIRMAN suggested that they should decide on Dr. Gibbs-Blake's proposal, and accordingly

Dr. DRYSDALE seconded it.

Dr. CLIFTON suggested an alternative amendment, providing that before any other step was taken the previous resolution should be rescinded, but

The CHAIRMAN thought that was a formal matter which they need not trouble about. The resolution proposed by Dr. Gibbs-Blake practically rescinded the other.

The SECRETARY read the amendment as drafted: That the Hahnemann Publishing Society follow its original work, and

do not mix itself up with the work of the *Cyclopædia of Drug Pathogenesis*.

Dr. BLAKE's proposal was then agreed to *nem. con.*

The CHAIRMAN said they now came to what work was in hand in pursuance of their original proposals. Dr. Alfred Drysdale had been preparing *colocynth*, he understood upon the same plan as that of the *Materia Medica, Physiological and Applied*. It was a question whether they would like this published separately.

Dr. DRYSDALE observed that if there were several they might be published together.

The CHAIRMAN: My article on *Belladonna* is ready. It was ready for the first volume, but was kept back because it would make the book too thick.

Dr. DRYSDALE said the Society had better take power to publish several if it had got the funds. He pointed out that the difficulty lay in getting workers. They all had their tastes, some in one direction and some in another, and therefore he would leave all the works to go on as they could get the workers, without interrupting those who were doing a part for the *Repertory*.

It was agreed that it should be left to the Secretary, with the advice of the Committee, to publish monographs on drugs when it was considered that a sufficient number were forthcoming.

The SECRETARY said Dr. Simpson's work on the *Urinary Organs* had been prepared to some extent, but needed some alteration and amendment.

Dr. DRYSDALE said they must take power to publish that if they chose. There seemed to be a paralysing influence from the Norwich meeting, owing to the misconception that the Hahnemann Publishing Society was bound up with the *Cyclopædia*. They must take power to publish any *Repertory* chapter that was ready.

The CHAIRMAN: Then I think we must rescind the resolution that it was desirable to suspend the further publication of the *British Repertory* until the completion of the *Cyclopædia of Drug Pathogenesis*.

Dr. CLIFTON: I propose that it be rescinded.

Dr. DUDGEON: And I propose that it be not rescinded. (Laughter).

Dr. DRYSDALE: I think it will be better to rescind it, because it was done under a misconception.

The CHAIRMAN said: If he might express his opinion as a private member, it would be most unwise when a *Materia Medica* was being provided which would be really trustworthy, to base their *Repertory* upon the unsatisfactory material they

had now in hand. In two or three years they would have as complete, intelligible and trustworthy a *Materia Medica* as could possibly be provided, whereas the present one was in a state of chaos and utter impurity.

Dr. DUDGEON : I think that resolution was quite within the powers of the Society.

Dr. CLIFTON did not press his motion, and the resolution was accordingly allowed to stand.

Consideration being next given to the therapeutic part of the *Repertory*,

Dr. DRYSDALE said the matter had been before them for about twenty years, and he thought it was time that something should be done. They had sufficient data to make a practicable and intelligible plan if they could get any workers. He would propose that they should begin it at once.

Dr. GIBBS-BLAKE, called upon as having taken great interest in the matter, said there had been a good deal of discussion upon it, and he thought it might lead to some organised work. Drs. Drysdale, Hayward, Clifton and himself were prepared to take it up, and if the society would leave it in their hands they hoped to have something to show before that time next year. (Applause).

Dr. POPE moved a resolution entrusting the work to the members named.

Dr. DUDGEON seconded.

Dr. CLIFTON declined to serve on the committee, but expressed his readiness to do any work assigned to him as an independent member of the society.

And it was then resolved that Drs. Drysdale, Gibbs-Blake, and Hayward be appointed a committee to take in hand the therapeutic part of the *Repertory*.

The CHAIRMAN : The Secretary has raised a third question. Shall a copy of the Society's books be presented to workers ?

Dr. DUDGEON : Most undoubtedly. It is a piece of generosity on our part that costs us nothing. (Laughter).

It was also agreed that the *Materia Medica Pura* and the *Materia Medica, Physiological and Applied* be offered at the reduced price of 10s. 6d.

It was further agreed that over-due subscriptions should be pressed for.

The meeting then proceeded to the election of officers, when Dr. Hughes was re-elected Chairman, and Dr. Hayward Secretary and Treasurer.

It was resolved that the next meeting of the Society be arranged to take place in connection with the Congress for 1889, and this brought the business to a close.

## LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of the thirty-second session of the Liverpool Homœopathic Medico-Chirurgical Society was held in the Hahnemann Hospital, Hope Street, on October 4th.

Dr. GORDON SMITH, the President, occupied the chair, and in place of the customary Presidential address, he gave his views with regard to the question, "To whom should we, as homœopaths, appeal at the present time: to the Profession, to the Public, or both?" Dr. Smith maintained the legitimacy of such measures as lectures, tracts, &c.; and concluded that it is to the public that our chief efforts should be directed. He invited discussion on the subject, in which most of the members present took part.

## NOTABILIA.

### THE BRITISH HOMŒOPATHIC CONGRESS.

THE meeting of the Congress having taken place at the Midland Medical Institute has most unreasonably evoked considerable feeling of an undesirable kind in the minds of some of its members. Four, indeed, have resigned in consequence. The gentlemen who have done so are fairly representative of professional eminence, professional mediocrity, and professional obscurity in Birmingham.

The Institute was erected for the use of medical men, and especially as a *locale* for the holding of professional meetings. To receive as members medical men who believe in, practise, and desire to spread a knowledge of homœopathy, and then to refuse them the use of the library for the purpose of a professional gathering of kindred spirits, would have been to have stultified the resolution admitting them. The Institute was founded with a full and complete recognition of the right of every medical man to the expression of his views on therapeutics as well as on pathology. This, indeed, is its fundamental rule; and to have denied the use of the library to a professional meeting on the ground that therapeutic views inconsonant with those of the majority of the members would be discussed, would have been a distinct breach of this rule. Once again, we would remind the members of the Institute of the appeal to them of the late Dr. Heslop "to tolerate those gentlemen, whether they agreed with them or not; to say that that Institute should be open to these gentlemen in spite of their difference of opinion." We venture to predict that the day is not far distant, when the members of our profession in Birmingham will recall, with pride, the remembrance of the



fact, that their Institute was the first public building set apart for purely medical purposes in which a meeting of physicians and surgeons openly practising homœopathy was ever held in this country.

#### LONDON HOMŒOPATHIC HOSPITAL.

A SOMEWHAT novel, but certainly very attractive and, we believe, successful method of increasing the funds of our hospital is to be set on foot this winter. A series of six private subscription dances have been arranged to take place at the Westminster Town Hall during November, December, January and February.

As these dances are to be essentially private, subscribers to them can only be nominated upon the signed introduction of a Patroness or Steward.

The dances are to begin at nine o'clock and terminate at one. The subscription for the series will be £2 10s., and single tickets, duly vouched, will be issued at 10s. 6d. each.

The list of Patronesses and Stewards is already a lengthy one—far too much so, indeed, for us to publish here—and altogether the proposal seems to be one likely to be productive of much pleasure and also of a good round sum for the benefit of that valuable institution—THE LONDON HOMŒOPATHIC HOSPITAL.

#### TWENTY-SEVENTH ANNUAL REPORT OF THE NORTH OF ENGLAND CHILDREN'S SANATORIUM.

DURING the year ending on the 31st of December last 456 patients had been admitted, which, with those remaining under treatment at the close of 1886, brought the total up to 490. Of these 41 were left in the institution at the end of the year, and of 449 others who left, 29 were little or not at all improved, 82 much improved, 78 well, though wanting still a little care at home, and 258 perfectly well and strong. These figures must be regarded as extremely gratifying, and bear abundant evidence to the curative value of the Sanatorium. They show, moreover, that it is thoroughly well conducted, and that the medical officers enjoy, as they say, the efficient collaboration of Miss Ashley, the Lady Superintendent, and the excellent staff of nurses under her.

The financial statement is exceedingly satisfactory. For some years, the work and progress of the institution have been hampered by debt, which amounted at the beginning of last year to £472 16s. 9d., but the President then resolved that this encumbrance should exist no longer, and through his exertions, backed up by the assistance of others, it has been completely wiped off, and the present year commenced with a surplus.

The present is the tenth year of the occupation of the building, and the accommodation which it at first provided has now been outgrown. In 1879, the patients numbered no more than 151, while last year their numbers reached 490. The average weekly cost per child has only been 4s. 5d. for food, and 5s. 0½d. for other expenses, being a total of 9s. 5½d.

The medical officers are Dr. Blumberg, J.P., Dr. Harvey and Dr. Storrar; the dentist, Mr. Dickins.

### “PRACTICALLY EXTINCT.”

WE have frequently been told during the last thirty years, and by those, moreover, who plume themselves on ranking as the highest authorities in medicine, that homœopathy is “dying out.” Our contemporary, *The New York Medical Record*, now assures us that it is practically extinct in all intelligent communities! This is the way it does so on the 6th of October, 1888:—

“A NEW HOSPITAL.—The papers announce with much flourish the completion of a new homœopathic hospital at Detroit, Mich., at a cost of \$100,000. The sum mentioned does not go far in hospital building and maintenance. It is unfortunate, however, that even such an amount should be wasted in giving support to a dogma already practically extinct in intelligent communities.”

How much Dr. Shrady and his colleagues in New York wish this were true, it would indeed be difficult to calculate!

### THE KENTUCKY STATE MEDICAL SOCIETY ON HOMŒOPATHY.

WE learn from *The Chicago Medical Era* that the members of this State Medical Society at a recent meeting denounced their medical neighbours in that revolver and bowie-knife style, which we have heard is or was characteristic of the Kentuckian. After one member had admired the wisdom and forethought of those who, in formulating the code of Medical Ethics, would not allow a “regular” to consult with a “homœopathic practitioner,” and another having complained that the Governor of the State had appointed “two little-pill men” on the State Board of Health, a third “went for” us in the real old style. Here is what the Kentuckian doctor said: “Homœopathy receives its just deserts at my hands. I liken its treatment to the hair of the dog curing the bite of the same. When I see one of these gentlemen swinging his shingle to the breeze, I feel like exclaiming, in the language of the sheriff, ‘God save the Commonwealth!’ I think they are murderers, and worse than murderers. The murderer is honest in his profession, and does not pretend to be a doctor, and is liable

for the consequences. I think every homœopath should be hung until he is dead three times!"

Our contemporary concludes some humorous remarks on this outburst of native savagery by saying: "For a homœopath to be hanged is rough; but for a homœopath to be hanged 'till he is dead three times' is most decidedly tough!"

### SILICO-FLUORIDE OF SODA.

At the Manchester meeting of the British Medical Association, Mr. W. Thomson, F.R.S., Edin., detailed a series of experiments demonstrating the antiseptic properties of the *fluo-silicate of soda*. Mr. W. Mayo Robson, surgeon to the Leeds infirmary, has tested its antiseptic value considerably, and in a paper in the *British Medical Journal* for May 19th he gave the following as the conclusions he had arrived at after an extensive and varied trial. *Fluo-silicate of soda* has, we ought to state, been named *Salufer*. Mr. Robson's conclusions are—

1. That *salufer* is an efficient antiseptic.
2. That the powder is a strong irritant, even acting as a caustic if dusted on a raw surface, and is, therefore, in that form, unavailable for surgical purposes.
3. That a solution of one grain to an ounce of water is quite strong enough for ordinary purposes, in that strength being apparently unirritating.
4. That a solution of ten to twenty grains to a pint may be safely used to syringe out closed cavities, even where one cannot be certain of all the fluid returning.
5. That the solution is unirritating to the hands, which is no small advantage to those operators whose fingers are easily irritated by the ordinary antiseptic solutions.
6. That the solution acts on the glaze of porcelain after long use, and corrodes steel instruments, but that sponges are unaffected by it. Mr. Thomson kindly suggested to me the addition of bicarbonate of soda to the solution of *salufer* to prevent it corroding steel instruments; this certainly diminishes its action on steel.
7. That a very convenient and comfortable antiseptic poultice may be made by soaking Gamgee tissue or absorbent wool in a hot solution (ten grains to the pint), wringing it free of excessive moisture, applying it to a wound, and covering with gutta-percha tissue.
8. That although for ordinary surgical work I may still employ *perchloride of mercury*, in all cases where there is danger of absorption, as in syringing out cavities, I shall employ *salufer*.
9. That I believe *salufer* will prove to be of great use to obstetricians, it being both safe and efficient.

10. That it acts very efficiently as a deodoriser to the hands. After examining carcinoma of the uterus or rectum, by washing and steeping the hands in a saturated solution, the odour is removed more efficiently than it is by any solution with which I am acquainted. Messrs. Reynolds and Branson have made some compressed tabloids, each containing forty grains, that is, sufficient to make a quart of solution. They have also been good enough to carry out my wishes in making a dressing of *salufer* wool.

#### A CASE OF PHOSPHORUS POISONING.

AN inquest was held on July 4th at the St. Pancras Coroner's Court by Dr. Danford Thomas touching the death of Frances A. Cowley, aged twenty. The deceased, by her own admission, took some rat paste on Tuesday, June 19th. Death ensued eleven days later. The initial symptoms were not very marked; in fact, so slight were they that her husband did not believe her confession, and consequently took no active steps to enforce proper treatment. Nausea and vomiting continued with moderate severity, for a few days, and then ceased. There ensued a feeling of depression. Towards the end, insensibility, icterus, and somewhat profuse metrorrhagia supervened. At the necropsy the skin and conjunctiva were observed of a bright yellow colour. There was no organic disease save of a recent nature, and entirely attributable to the action of the poison ingested. The stomach contained about three-quarters of a pint of dark claret-coloured fluid, consisting largely of blood derived from capillary hæmorrhage from the mucous membrane. There was no solution of continuity of the mucous membrane, which showed traces of recent irritation. The whole surface presented a yellow icteric tint except the summits of some of the rugæ, which were of a bright pink colour. There was also faint wrinkling of the mucous membrane. The upper part of the small intestine was affected in much the same manner as the stomach. The large intestine contained a quantity of almost colourless fæces. The liver was shrunken, weighing only twenty-six ounces, and both on its outer and sectional surface exactly resembled the appearances produced by acute yellow atrophy, except that there was greater congestion and interstitial hæmorrhage in patches. The lobules of the liver were in many places unrecognised; in others they stood in bold relief as brilliant canary-yellow patches, standing in strong contrast to the deep dark-red areas of congestion and extravasation. The gall-bladder contained about two drachms of thin greyish fluid, apparently all but devoid of bile. The urinary bladder was empty; the kidneys were enlarged; the cortex was very pale and bile-

stained, a greater depth than natural, and of softer consistence. The spleen was not enlarged, nor was it in the least degree softened. In addition to the bleeding from the uterus noticed during life, there was capillary hæmorrhage into the right lung and pleura, into the pericardium, and, as already mentioned, into the stomach. The brain was healthy. The chief points of interest in this case are: (1) The profuse hæmorrhage—parenchymatous and surface—a well-known result of phosphorus poisoning, and constituting a section into which a certain number of the cases fall; (2) the almost identical changes in the liver with those incidental to the disease known as acute yellow atrophy; indeed it seems possible that some of the instances of the latter affection may really own phosphorus poisoning as a cause. It used to be said that the size of the liver in the two conditions afforded a guide for making a differential diagnosis; but, as will be seen from the above case, it may signally fail. We shall probably have occasion later on to refer to the microscopical changes of the liver.—*The Lancet*.

#### A CASE OF ARSENICAL PARALYSIS, WITH SYMPTOMS OF LOCOMOTOR ATAXIA.

THE following case of *arsenical* paralysis, narrated by Dr. Peterson, of New York, in the *New York Medical Record*, August 4th, with unusual symptoms of locomotor ataxia, is of interest:—

“E. A. D——, female, forty-two years of age, admitted February 15. 1887. A week or ten days after a second marriage in November, 1886, she became acutely melancholic and made several attempts at suicide. Father and sister insane. A week after the onset of melancholia the patient took a tablespoonful of ‘Rough on Rats,’ which is a mixture of *arsenious acid* and starch paste. Vomited two or three hours afterward, the vomiting continuing the first night and following day. In a day or two she had hæmorrhages from the bowels. Paresis of all four extremities was manifested in two or three days, and gradually grew worse. For weeks afterward she complained of ‘crampy pains’ in feet, calves of legs, hands, and abdomen. On admission these pains were still severe, and she had no use of arms and legs. There was great muscular atrophy, marked *arsenical* tremor, no patellar reflex, no anæsthesia or analgesia, but a slight hyperæsthesia.

“Feb. 17th. Hands and feet feel numb and have a prickling sensation in them. Has had itching feeling over body and limbs, formication in feet, and the sensation of a cord drawn tightly round her waist. ‘Throat felt as if gone at times’ (anæsthesia). At present in bed. Legs are flexed and somewhat contracted, extension causing great pain in flexor muscles and tendons. No tenderness over spine at any point.

Muscae volitantes often. Drop wrists and ankles. Faradic reactions of nerves and muscles of limbs lost. A general treatment was begun with *iodide of potash*, massage, and electricity, which was continued throughout the case.

" Feb. 25th. Subject about once daily to a fainting spell lasting some fifteen minutes, with dyspnoea. Cardiac sounds feebler than normal.

" March 6th. Feet slightly oedematous. Urine examined now and at other times for sugar and albumen, with negative result.

March 19th. Begins to move fingers and feet somewhat better.

" March 25th. Able to feed herself and is trying to knit. Pains in extremities still great at times.

April 19th. Gradual but very slow increase of motor power. Gaining in flesh. Feet much swollen.

" May 17th. Walks a short distance alone.

" July 16th. Sews, knits, writes letters, but fingers still straighter than normal, and tremor still very marked. Cannot flex fingers into palms with ease or force. Still no patellar reflex.

" Aug. 30th. Walks without assistance any ordinary distance. Motor power still increasing gradually. Tabetic gait.

" Sept. 26th. In bed several days; weak, feverish, great increase of muscular tremor, vertigo, accelerated pulse, nausea, anorexia (a crisis?).

" Nov. 15th. Still suffering from effects of relapse. Up only afternoons. Cannot walk as well as formerly, but gaining.

" Dec. 2nd. Walks now as well as at any time since residence in the hospital, and seems quite strong.

" Jan. 7th, 1888. Has tabetic gait and entire absence of the tendon reflexes (the break in the reflex is on the sensory side). Use of arms also imperfect. Legs slightly oedematous.

" Jan. 21st. Physical condition improved.

" Feb. 16th. Oedema of lower extremities has disappeared.

" March 11th. Able to walk a little more steadily.

" March 13th and 14th. Attack of acute indigestion; diarrhoea, nausea, and colic.

" March 26th. Has apparently passed through one of the gastric crises of locomotor ataxia with an unusual amount of tremor, which is still present when she sits up.

" April 17th. Discharged. Patient lost her hair to a considerable extent, and was cachectic. There are some points of difference between this case and those of Seligmüller and Dana. The occurrence of two apparent gastric crises is

particularly noteworthy. There is no reason, in my opinion, why arsenic should not attack the spinal cord as well as the peripheral nerves and produce a condition very much like true locomotor ataxia."

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### CAMPHOR POISONING.

A VERY instructive case of poisoning by *camphor* is narrated by Dr. Brothers of New York. A man of 26 swallowed at noon about 150 grains of *camphor* in the form of *camphorated oil*, in mistake for *castor oil*, along with some whiskey. In the course of an hour he felt uncomfortable; he began to have an intense headache, aching in the limbs, chills, nausea and general weakness. The headache steadily increased in severity and almost drove him crazy. There was a strong odour of *camphor* perceptible in the breath, and at four o'clock he passed a small quantity of urine which smelt of *camphor*. Shortly after five he took a walk for about an hour. On returning he sat down to supper, and while partaking of a hearty meal he suddenly grew deathly pale and passed off into a fit. The convulsion was general, but without frothing at the mouth or biting of the tongue, and was soon followed by unconsciousness. About seven o'clock, when first seen by Dr. Brothers, he was found sitting in a chair in a half-dazed condition. He answered questions intelligently, but did not like to be bothered. The pulse was full, strong, and eighty per minute. The face was somewhat flushed. He complained of no pain in the mouth, throat or stomach; there were no erotic desires; the pupils seemed to be normal. A dose of 20 grains of *calomel* and 30 grains of *bromide of potassium* was ordered every 4 hours. After the first dose of medicine he vomited his undigested supper, strongly impregnated with *camphor*. He spent a very restless night, but next morning was well enough to leave the house. The urine now began to be passed freely, and convalescence was established. The proper treatment of *camphor* poisoning consists in removing as much of the poison as possible by emetics, whilst the convulsions must be controlled by *bromide of potassium* or *opium*, and other symptoms treated as they arise.—*The (N.Y.) Medical Record*, Dec. 10, 1887.

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### THE HOMŒOPATHIC CONVALESCENT HOME.

In our report of the opening of the Convalescent Home at Eastbourne we find that we were in error in stating that it was "the first established in this country in connection with homœopathy." We should have said that it was the first *public* institution of the kind so established. We have been



informed that there are already two or three private convalescent homes where the medical attendance is rendered by homœopathic practitioners, such as the one at Hastings, which is supported by Miss Kingsbury and her friends.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

### ERRATUM.

At page 616, line 17 from the bottom, for "inadvertently," read "incidentally."

We are requested to state that Dr. J. CAVENDISH MOLSON has settled at 54, Hill Road, Wimbledon.

Communications, &c., have been received from Dr. DUDGEON, Dr. COOPER, Dr. BURNETT, Mr. CROSS (London); Dr. MOLSON (Wimbledon); Dr. GIBBS BLAKE (Birmingham); Dr. HAWKES, Dr. CAPPER (Liverpool); Dr. PERCY WILD (Bath); Dr. BELCHER (Brighton); Dr. BARTLETT (Philadelphia), &c.

## BOOKS RECEIVED.

*The Nerves. A few Practical Observations on the Management and Treatment of some of the most important and distressing Affections of the Nervous System.* By H. Belcher, M.D. London: Gould & Son. 1888.—*Liberty of Opinion Indispensable to True Progress in Medical Science.* By D. D. Brown, M.D. London: Gould & Son. 1888.—*Annals of the British Homœopathic Society.* August. 1888. London. Trübner & Co. 1888.—*The Homœopathic World.* London. October.—*The Hospital Gazette.* London. October.—*The Illustrated Medical News.* London. Oct. 6th and 27th, 1886.—*The Chemist and Druggist.* London. October.—*The Monthly Magazine of Pharmacy.* Burgoyne & Co. London. October.—*Twenty-Seventh Annual Report of the North of England Children's Sanatorium, Southport.* 1887.—*Annual Report of the Homœopathic Hospital, Melbourne.* 1888.—*Address Delivered by the President of the Pennsylvania Homœopathic Medical Society.* Hugh Pitcairn, M.D. September 18th, 1888.—*The North American Journal of Homœopathy.* New York. September.—*The American Homœopathist.* New York. Sept. and Oct.—*The Medical Record.* New York. September and October.—*Helmuth House Reports.* Second Series. 1887-1888. New York.—*The New England Medical Gazette.* Boston. October.—*The Hahnemannian Monthly.* Philadelphia. October.—*The Homœopathic Recorder.* Philadelphia. September.—*The Medical Era.* Chicago. October.—*The Clinique.* Chicago. September.—*The Medical Advance.* Chicago. October.—*The Medical Counsellor.* Ann Arbor. September.—*The Southern Journal of Homœopathy.* Austin. Texas.—*Bibl. Hom.* Paris. October.—*General Review of Electro-Homœopathic Medicine.* Nice. September.—*Revue Homœopathique Belge.* Brussels. July.—*Bulletin de la Soc. Méd. Hom. de France.* October.—*Rivista Omnipatica.* Rome. September.—*Allgemeine Hom. Zeitung.* Leipzig. October.—*Leipziger Populäre Zeitschrift für Homœopathie.* October.—*Zeitschrift für Homœopathische Thierheilkunde.* October.—*La Reforma Medica.* Mexico. July and August.—*Revista Argentina de Ciencias Medicas.* Buenos Ayres. February and March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE ACTION OF *LOBELIA INFLATA* AND  
*L. CERULEA*, WITH REMARKS UPON PSORA.\*

BY ROBERT T. COOPER, M.D.,

Physician, Diseases of Ear, London Homœopathic Hospital.

My acquaintance with *lobelia* may be said to date back some twenty years. Prior to this period I had used it, but never with that success that its provings led me to anticipate.

About this time I fell in with Mr. Ashworth, of Southampton, an herbalist, whose success I had known to be very great in the treatment of many apparently hopeless cases of disease.

I put the very plain and direct question to him, how is it that you obtain such good results from *lobelia*, and that I am invariably unsuccessful with it?

His reply was perfectly satisfactory and noteworthy; "I use," said he, "a solution of the *lobelia*, made with common vinegar." I therefore determined to put this acetous preparation to the test of experience, and may safely say that from that time to the present there have been but few days in which I have not resorted to the *acetum lobeliæ inflatæ* as a remedy. Consequently I claim to be in a position to speak with authority on the subject.

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\*Read before the British Homœopathic Society, November 1st, 1888.

On further interrogating my friend the herbalist, I was surprised to find him expressing himself in regard to *lobelia* in a manner almost exactly similar to what we were in the habit at that time of doing regarding *sulphur*; for example, he claimed for *lobelia* that it changed the character of a disease, that the interposition of *lobelia* during the treatment of a diseased state, rendered the patient more susceptible to the influence of other remedies, and that it might be given with advantage in all forms of disease.

Upon making trial of it I found there was some ground for his assertions, and that in some cases, *e.g.* in tubercular meningitis, and in mesenteric disease of childhood, it really had an influence over and above what might be expected from the provings.

Soon after coming to London a case came under my care which caused me considerable anxiety. The notes taken at the commencement were as follows:—

L. N., aged 23; ill three years; occupation, at home; mother weak but not delicate; consumptive history from both parents; patient of a nervo-sanguine temperament; complexion bilious; reddish hair; admitted to a dispensary then held at Notting Hill, 27th July, 1874. Diarrhœa; last year was in bed continuously during the months of July, August, September with this affliction, and has been under constant treatment since the beginning of last year.

Three years ago went to stay in Lincolnshire, and there got diarrhœa which could not be stopped; returned to London, and in spite of this change of abode the diarrhœa persisted.

At 14 to 15 years old used to have severe pains in the left and sometimes in the right side, and round the lower abdomen, with faint feeling till monthly period came on regularly, and from then up till 20 years old was in good health.

Symptoms run thus: Pain all round the abdomen, and up the back, very much worse after taking off her clothes, and a feeling of exhaustion or falling to pieces inside and out, cannot bear anything to touch her.

Every day four or five motions, even when taking medicine; if she leaves it off, continual motions all day long, it literally runs from her. Motions generally

watery, sometimes light-coloured, sometimes dark, never bloody.

Monthly period very irregular, sometimes five or six weeks between, generally lasts but two days. Aggravation of all the symptoms, especially of the diarrhoea at these times; very much tenderness all over the abdomen, the tenderness is principally in the ovarian regions. Legs ache fearfully, pains all over the body, faints continually.

Subject to neuralgia of the face, sometimes right, sometimes left, sometimes both sides, and the pains extend to the chest and have troubled her since she took ill.

The neuralgic pains come at all hours of the day and night, and come and go suddenly, but has been free of them for the last month.

Tongue clean, appetite generally bad but sometimes very good.

Prescribed *ac. sulphur.* 8x.

31st July. Is better if anything. Shooting, aching in the right side of the face, and aching diffused tenderness with soreness in anal and vulvar regions, preventing her sitting down (an old symptom). It would be superfluous to go on giving weekly reports; the apparent benefit from *sulphuric acid* soon wore off; on a subsequent occasion *hydrastis* seemed to act beneficially, and cause her to feel stronger, and *graphites* 3x seemed to lessen the local pains; these effects, however, are hardly worth noticing, and the record of other drugs was simply that of return of all her most violent symptoms, after, it might be, temporary amelioration.

The discharge poured away from her night and day, and no prescription could be said to have proved distinctly remedial. As to astringents, I did not make trial of them, for these had always made her state unbearable when under allopathic treatment, and the patient's preference for my treatment arose from its enabling her to get on without them.

Perhaps I should add that good draught stout up to this time had relieved her to a greater extent than any more truly medicinal agent.

The symptoms were so complex and confusing that it seemed to me a case typically suitable for one well acquainted with repertory work. Accordingly I requested

my patient to place herself under a well known and skilful repertorian. For three months she remained under him, and returned to me not in the least improved.

Soon after this she was admitted into an hospital for women, where an irritating pile was discovered high up in the rectum, and removed.

This was to be the solution of all difficulties; and indeed after this she improved for a time. The amelioration proved, alas! to be quite temporary, for on getting up from bed she became worse than ever. The vagina as well as the rectum began to discharge copiously, the adjacent parts becoming excoriated. This went on night and day, and rendered her a complete invalid in every sense.

On reviewing my notes of her case, I was struck by the fact that the only remedy which had appeared to give her decided relief was *lobelia*, and I determined therefore to give it in doses of eight drops of the acetum, well diluted, thrice daily. The effect was almost marvellous. From the moment of taking it she began to improve, and in a few weeks was quite well. She is now and has been for some eleven years a healthy active woman, earning her bread as a hospital nurse.

A year or two after completing the treatment of this case, a lady, aged 52, was placed under my care, who appeared to suffer in a somewhat similar fashion. Here, however, the entire vesico-vaginal region was affected. This lady had been under the best homœopathic treatment during the nine months, in which she had been, she assures me, completely bedridden, and no one prescription gave her the least relief during this time, except a palliative effect from *apis mellifica*.

The history of her case is particularly instructive. At 37 years old was exposed to a severe chill, which checked the catamenial flow; after this had threatened phthisis with bronchorrhœa, which after two years gradually went off, leaving her subject to severe constantly recurring seizures of vertigo. Nine months before coming to me, felt as if something were forming in the utero-vaginal region, causing much bearing-down. Was obliged to go to bed, and then there occurred a profuse pouring away of apparently serous fluid from the utero-vaginal and vesical mucous membranes, with paroxysms of agonising burning and scalding, coming on chiefly in

the evening. The vagina was swollen, extremely tender, and bathed in moisture, and urination was always very painful and followed by a paroxysm of general scalding. She was unable to sit up, and decubitus could be maintained only with the knees drawn up or on the left side. At night she would be awoke by finding her back resting in a pool of water, and the sense of general bearing down in the uterine region was almost intolerable. The bowels were unaffected, and the urine was free from all but a very slight trace of albumen. A hardness and dulness to percussion existed down the right side of abdomen.

In this case I cannot say that *lobelia* was entirely instrumental in effecting a cure, but certainly it was the agent that broke down the severity of the paroxysms and that lessened and finally prevented the excessive discharge. It was here given in doses of a third of a drop of the *acetum* every fourth hour. The sense of bearing down, for example, was most relieved by small doses ( $\frac{1}{3}$  drop) of *soda chlorata*, the *hypochlorite of soda*. Still, I can aver that from the time of beginning with *lobelia*, not a single day was passed in bed, and that from then till now she has been quite free from her old symptoms except that a slight weakness is still felt every autumn in the lower abdomen. Her health generally has been better than for the fifteen years previous to her illness.

Now what were these two cases, for I believe them pathologically similar? I take them to have been examples of serous discharges; from the bowels and the vagina in the first case, and from the vagina and bladder in the second. Madame Boivin and Dugès refer to it under the heading, "Sudden and considerable evacuation of serous fluid," and they go on to state: "*We have observed these copious evacuations in cases in which severe diseases of the uterus, or of its internal appendages, have been experienced or threatened.*"\*

No good purpose could be subserved by further reference at present to my experience in general medicine. Let us keep in mind, we have before us two cases, the first of which had been under treatment off and on for some three years, and was eventually cured

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\* *Diseases of Uterus*. Madame Boivin and Professeur Dugès, translated by G. O. Heming. London. 1834. P. 139.

by *lobelia*; the inference being a natural one, that had *lobelia* been given at starting, the case would have been cured in so many weeks, as actually happened in the second case, and in both of which patients were raised from absolute invalidism to health by the agency alone and all but unaided of this one precious drug.

More than this, both of these patients had been treated by representative practitioners in homœopathy, and the inference is allowable that we are not in possession of remedial agents for such symptoms, and that consequently the introduction of *lobelia* for these cases is of great importance.

Let us now turn to Hahnemann and his writings. Hahnemann, it is obvious, was a most painstaking and accurate observer of the phenomena of disease. In his provings he has left us studies of morbid action, which, like the old prints of Albert Durer, bear looking into and studying beyond anything the master minds of the present day produce. For example, there is an accurate description of aphasia in the proving of *lycopodium*, and the testimony of his pupils points in the same direction. Thus Dr. Malan used to say that, when working with Hahnemann in Paris, often and often has the old man sent him back to collect again the symptoms of a case, pointing out to him that a certain symptom never stood alone, but was always accompanied by a certain other one, and that on every such occasion he had found Hahnemann correct.

The facts upon which Hahnemann rested his theory of psora were, we may be sure, real ones. He found that drugs had an action over and beyond the homœopathic. I have always called in question his theory, and for the simple reason that never had I investigated a remedy whose action might not reasonably be ascribed to the law of similars, and I think in regard to *sulphur*—I can give myself some credit for the cessation of the indiscriminate prescription of it that once obtained in homœopathic circles. My contention was that it is misleading to assume the existence of psora in connection with the action of *sulphur*, and, with a subsequent qualification, I hold to this with regard to other drugs as well.

Now, briefly, there are three prominent ideas mixed up in the psoric theory:—(i.) Certain persons are born



with an inherent tendency to disease; (ii.) Suppressed skin diseases give rise to this psoric tendency; and (iii.) Suppressed discharges of the healthy secretions or of abnormal fluxes give rise to obstinate and psoric conditions of the system. This is by no means an accurate reproduction of Hahnemann's words, and it enlarges probably upon his ideas; still we claim some license for the purpose of presenting the matter in a clear aspect.

Many of us remember, and all of us know of the *furor* that the bombastic Thompson created regarding *lobelia*, just at the time when the truths of homœopathy began to force their way among the intelligent public.

Teste, of Paris, at this time following the doctrines of Hahnemann, declared that Thompson's great instalment was in truth a powerful antipsoric, and he went on to establish his position by proving it capable of producing and of curing skin diseases—notably, symptoms like those of scabies. Up to the present, however, we may safely assert that Teste's views remain almost wholly unsupported by any section of the profession. *Lobelia* certainly acts upon the skin, but it has not any power over skin diseases that could be considered in any way remarkable or extraordinary. And yet it struck me very forcibly, in thinking over this question, that *lobelia* must act over and beyond what is explicable upon the principles of homœopathy, and therefore I argued with myself, it may be an antipsoric.

I bethought me of a lady whose symptoms from time to time pointed to well indicated remedies, but in whom no other remedies but (so-called) depressants seemed to exert a beneficial effect. Often and often did I prescribe, and when well indicated, *nux vomica*, *strychnia*, *ignatia*, *china*, &c., with positive aggravation even in high dilutions; yet I could at once give relief, let the symptoms be what they might, when *kali hydriodicum* and *lobelia* were ordered. Nor could this have been the effect of imagination, as the patient remained in ignorance of the remedies.

This led me to ask whether the depressants, but particularly whether *lobelia*—and I can at present answer for it alone—had an antipsoric action in the sense of controlling symptoms arising from suppressed cutaneous and mucous discharges.

Of course in these matters language is only approximately accurate ; objection may be made that many skin diseases having discharging surfaces, it is to suppressed skin diseases that we are to look for examples of suppressed discharges. The distinction between the one and the other action is, I admit, very fine ; but still there is a distinction.

Now it will be at once evident that if we admit the existence of a special action in remedies that meets the phenomena attendant upon suppressed discharges, this action cannot possibly be illustrated by a proving, and that it requires for its demonstration special clinical experience. And it is also clear that if drugs can exert such an influence, the psoric theory is in this respect advantageous. This may seem a contradiction to my former opinion, and so far as suppressed discharges are concerned I must certainly modify the statement that the psoric theory is of no utility.

In order to investigate this matter, *i.e.*, the relationship of *lobelia* to suppressed discharges, my position at the hospital in charge of the ear department gave me every advantage. For there is absolutely no class of diseases in which such a question can be worked out so well as amongst aural patients. The ear is comparatively a dry organ in health, but in disease it is very liable to discharges, and one of its most common symptoms, deafness, is very often consequent thereupon.

Numbers of cases of deafness have I been able to relieve, and even to cure, from a knowledge of this invaluable property of *lobelia* ; and it is a property that *sulphur* does not possess to anything like the same extent.

Now if we look back upon the cases given, we find that our first case, that of severe serous discharge from the bowels, had as a prominent symptom great aggravation of the patient's entire condition upon any attempted suppression of the discharge ; in the second case, the discharge had never been in any way lessened by treatment, but the patient had suffered from ill-health in consequence of suppressed menses. And then we have recorded in Jahr, "*Violent pain in the sacrum with fever supervening (upon) suppression of the menses during their flow*"—the significance of which in connection with our investigations cannot be over-estimated.

Some years ago a lady, aged 30, consulted me for diarrhœa, very watery, accompanied by a feeling of sickness which came on every morning on getting out of bed, and lasted an hour or two. It dated from a crop of boils three months before, and homœopathic treatment had not in any way relieved her.

This is a form of diarrhœa that Dr. Edward Blake ascribes to endocervicitis uteri; and that such was present in my case is very likely, as she suffered from leucorrhœa, left groin-pain and dysmenorrhœa.

I gave her ten drops of *acet. lobeliae* to 4 oz. of water, a teaspoonful every fourth hour. After the first dose, which she took upon going to bed, she suffered from shakings, chills, flushings, and great prostration, but had no diarrhœa next morning, and on second night slept perfectly well. After taking the drug for three days it began to cause her to feel sick, and so left it off, and there was no return whatever of the diarrhœa. The sole indication in this case, I need hardly say, was the history of boils, the discharge from which was probably suppressed; as, ordinarily, *lobelia* cannot be considered provocative of diarrhœa to any great degree.

The indirect aggravation taking the form of aguish symptoms is interesting, and would probably not have occurred had we given the remedy in a moderately high dilution.

As may be supposed, my experience of *lobelia inflata* has mainly been with ear cases; in these I have found it exert a markedly curative effect, especially in constantly recurring earaches and in deafnesses that we may fairly infer to be due to suppressed otorrhœa. In one remarkable case of deafness due to suppression of an eczema of the meatus of the right ear, the internal exhibition of *lobelia* was followed by profuse discharge from the ear, showing that it acted strongly upon this organ, without any lessening of the dulness of hearing. In tinnitus due to suppressed aural discharge, it does not exert anything like the same beneficial effect that it does over the symptom deafness.

Finding this influence of the *lobelia inflata* so decided and pronounced, I have naturally turned attention to its congener, *lobelia cerulea*, as being more in relationship, pathologically and symptomatically, to the class of affections treated by me.

In the large majority of cases of ear disturbance owing origin to suppressed discharge, the mucous membrane of the post-nasal region will be found involved in an unhealthy, soft, swollen, easily bleeding, catarrhal condition. And as *lobelia cerulea* has been proved to have a stronger effect upon this mucous tract than probably any other remedy, it was natural to expect good results from it in this class of affections, and most certainly I have been in no way disappointed.

Dr. E. M. Hale, of Chicago, in the 5th (1880) edition of his *New Remedies*, and at p. 470 of the *Therapeutics*, states that the plant *lobelia cerulea* contains silicic acid, iron, muriate and phosphate of lime, and that its properties are similar to those of *lobelia inflata*, but less active. The root, he says, has usually been used, but in the provings a tincture of the leaves, and he goes on to state: "The head, eyes, nose, mouth and throat symptoms form a perfect picture of a sneezing influenza or catarrhal affection. The throat symptoms, especially, give a vivid picture of that variety of catarrh which affects the posterior nares, palate and fauces, and even lower portions of the throat. It does not (says he) seem to affect the larynx or bronchia, however."

Then let us notice: "A dull aching pain over the root of the nose in the centre (of the forehead?), lasting till evening." These effects of the *lobelia cerulea* are, I need hardly say, beyond everything significant, as pathologically we know it is impossible for such marked nasal (ethmoidal) and post-nasal disturbance to go on without Eustachian catarrhal involvement, with attendant ear troubles. It is, I consider, sufficient to point to what I believe to be the true indication for the prescription of these two varieties of *lobelia*, namely, the history of suppressed discharges, and to leave the narration of cases for a subsequent occasion, should such be called for.

One word of remark in regard to the dose of *lobelia inflata*; of the *cerulea* I cannot speak with such confidence. In patients suffering from ear affections, I have, strangely enough, met with no cases in which great depression followed the prescription of *lobelia*; but in general diseases, and especially it would seem in uterine affections, I used to find it followed at times, even when given in homœopathic dilutions, by the most

woeful and (to the patient) terrifying depression, so much so that at one time I was accustomed to warn patients of this possibility, a thing I never do since my practice has become so entirely aural, the reason probably being that of late years the indication for which it was administered, a history of suppressed discharge, is accompanied by a condition of system in which *lobelia* is well borne.

Nor must I be taken as advocating the prescription of *lobelia* in large doses only; there may be cases in which material quantities are required, as in our first case of serous discharge from the bowels, but such cases are exceptional. *Lobelia* and *tabacum* can be taken with advantage in large quantities in some diseased states, and it is right to remember this fact, and if necessary to act upon it. But this ought not to prevent our securing the decided advantages of the homœopathic preparations. For myself I must acknowledge that the more I use the drug, the more do I resort to the dilutions.

In whooping cough large doses have with me been at times required, and in these cases, as well as in the capillary bronchitis of infancy, it has always acted with far greater certainty than our more usual remedies.

In nasal and aural catarrhs, when indicated, the dilutions are as a rule far preferable to material preparations.

One word in conclusion. In both editions of my *Lectures on Diseases of the Ear*,\* and particularly in the rooms of this Society in February, 1879, in a paper entitled *Some Forms of Deafness*, I strongly advocated the prescription of *hydrastis* as remedial in deaf cases.

In my *Lectures*, at p. 164, I claimed to be the first to introduce it as remedial for the symptom deafness, and since then have made frequent reference to it.

In the January number of the *Monthly Homœopathic Review* of 1887, there appeared a paper which had been read before the Homœopathic Medical Society of the State of Pennsylvania on *Hydrastis Canadensis* in *Affections of the Ear*, by Dr. Bigler. In this not one word of reference was made by the writer to my previous remarks. This, of course, is matter of no very great importance, but what is important is that the writer asserts the possibility of gaining greater curative effect

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\* *Lectures, Diseases of the Ear*, 2nd ed., 1880. London.

in chronic dry catarrh of the middle ear from *hydrastis* by resorting to its more concentrated preparations, especially the so-called *sulphate of hydrastin*.

The entire article is extremely gratifying to me, inasmuch as it is quite corroborative of my work, but to the statement that better curative results are obtainable in any form of deafness from the concentrated preparations of *hydrastis* I must seriously demur.

I have used the *hydrastin* very often, and without being able to obtain any proof that it possessed advantages over the third decimal preparation of the tincture—the form in which I most usually prescribe it.

#### DISCUSSION.

Dr. DUDGEON said Dr. Cooper had travelled over a wide range in his excellent paper, and all the points could not be taken up. He thought Dr. Cooper's recommendations of the use of *lobelia* in suppressed discharges had no warrant in the pathogenesis. It had long had a reputation as a remedy for asthma. It was the chief ingredient in Himrod's powder, which was said to be composed of equal parts of *lobelia*, *stramonium*, black tea and *nitrate of potash*. The *lobelia cerulea*, or *syphilitica*, had a reputation for syphilitic diseases, but the same could be said of a number of other drugs which had not borne out the reputation. *Lobelia* had also been used in intermittent fever. Trinks said the cases of asthma in which it was useful were those in which the asthma was dry. Dr. Cooper had not said where he obtained a knowledge of its utility in quite a novel series of affections. The disrepute into which *lobelia* had fallen among us might be due to faulty preparations.

Dr. CLARKE had been much interested in Dr. Cooper's very original paper. As with others, his use of the drug had been chiefly confined to asthmatic cases, but he was glad to find that the drug had a wider sphere. He had had the opportunity of seeing a patient of Dr. Cooper's treated with *lobelia cerulea*, and the curative effect was very marked. On looking up the pathogenesis of the drug, he found a large number of symptoms relating to the throat and nose. Like Dr. Dudgeon he failed to see that Dr. Cooper's recommendations of the *lobelia inflata* were supported by the pathogenesis. He elicited from Dr. Cooper that he used the acetous preparation of each of the drugs, and that the dilutions were made first with water and afterwards with diluted alcohol. Remarking on the *psora* theory, he maintained that the conditions did actually exist, and he did not know a better name for it than

the one Hahnemann had given it. He was very glad Dr. Cooper had given them a *Materia Medica* paper, as he thought there had been too few of them of late.

Dr. CARFRAE (speaking from the chair, as he was obliged to leave early) joined in the praise of Dr. Cooper's paper. He was much interested in the cases Dr. Cooper had brought forward, but remarked on the absence of indications in the pathogenesis. He wished to know if Dr. Cooper had used the ethereal preparation.

Dr. JAGIELSKI joined in the general approval of Dr. Cooper's paper. It widened our horizon. The medicine was one extensively used in old times, and had lately fallen into disrepute. The Society were much obliged to Dr. Cooper for throwing fresh light upon it. Dr. Jagielski had used *lobelia* in throat and chest diseases, often, he confessed, with disappointment, but often with great success. He thought it useful in those cases which were connected with central nervous derangement when there was no exact indication. Its application in cases of discharge was a new one, for which we were indebted to Dr. Cooper. Dr. Jagielski had never used *lobelia cerulea*.

Dr. NEATBY said: This was an entirely new line of thought. The indications given, if reliable, should prove of great value. If the *acetum* were proved, it might turn out that it acted homœopathically, as the drug certainly did in respiratory cases. He would like to ask Dr. Cooper if he meant anything definite by his term "serous" discharge. It occurred to him while Dr. Dudgeon was speaking of *dry* asthma, that the cases in which *lobelia* was so useful in this complaint might be due to suppression of some prime manifestations.

Dr. DYCE BROWN remarked that Dr. Cooper's papers were always original, and his present one was no exception. It was well known that herbalists used *lobelia* in a variety of complaints, and that it was very likely that practical hints from them, such as the use of an acetous preparation, might be valuable. He believed in the essential truth of the doctrine of psora, and thought the name that Hahnemann gave it should be retained, in spite of jeers regarding the meaning of the word. It was quite possible that *lobelia* might act as an "anti-psoric," and although the indications that Dr. Cooper gave were not found in the *Materia Medica*, yet we could clearly see that the drug had a marked affinity for mucous membrane, as shown by its effect on the nose and throat, the bronchial mucous membrane, the stomach, and the bladder. Then, as there is a marked neurotic element in the symptoms—the difficulty of breathing being a much more prominent symptom than the cough—it was quite possible



that mucous membrane symptoms, other than those recorded in the provings, especially when complicated or caused by nervous disturbance, might be amenable to benefit from *lobelia*. Thus it was quite understandable that a free chronic vaginal secretion might be curable by *lobelia*. One of the cases Dr. Cooper had recorded had been under his care before Dr. C. had the charge of it, but, except for temporary benefit from *apis*, he had failed to cure the patient by various medicines which seemed to be indicated.

Dr. MURRAY MOORE (of New Zealand) said there were so many points mentioned, he had difficulty in following all. The fact of the superior power of the acetic preparation reminded him of the powerful *acetum scillæ* and the *acetum colchici* used by the allopaths. He had not used *lobelia* much, and was obliged to Dr. Cooper for his fresh indications. Dr. Cooper had spoken of serous discharges from the uterus and rectum. He thought it ought to be described as a watery mucous discharge. This would tally with his description of *lobelia* as causing the first stages of a catarrh. He was not clear as to the method by which the attenuations were prepared. If alcohol was used an aldehyde must be formed, and the properties would then be a *tertium quid*. He was glad to have this opportunity of meeting with colleagues. In New Zealand it was impossible to form a society, their numbers were too few and the distances were too great.

Dr. GALLEY BLACKLEY said that he had listened with considerable interest to Dr. Cooper's paper. He would like to ask these two questions:—1. Whether Dr. Cooper had used *lobelia* in cases which were gouty in their nature? 2. If he found it superior to sulphur mineral water? And he would like to suggest that Dr. Cooper should at some future time give a paper on *Sulphur in Ear Diseases*. He agreed in the main with what Dr. Dyce Brown had said about psora, but he thought it would be much better to call it by its proper name—gout, scrofula, or what not.

Dr. COOPER (in reply) was obliged to the Society for the way in which his paper had been received. The drug was one little used, and was nevertheless a powerful remedy. He was convinced it had a sphere in diseases arising from suppressed discharges. When he had used a dilution it had been the 8x. For the first dilution he had understood the chemist to say that water was used, and that the third was made with diluted alcohol. It was the ethereal preparation he used at first, but he never got from it the results he subsequently did from the acetum. In regard to the relation of the drug to gout, he had not given it in that disease, but the herbalist he referred to began a gout case with an emetic of *lobelia*. There was a large

field for the use of *lobelia* in cases in which it did not seem to be indicated. In opposition to Hale, he had found it useful in inflammatory cases. In one case he had had with the late Dr. Matheson, there was pressure of a small portion of the skull on the brain, an operation having been performed by allopaths unsuccessfully, while another had been proposed. *Lobelia*, rather strong, altered the aspect of the case and reduced the inflammation, the patient becoming quite well. The drug was useful locally and internally. The herbalists make all their finest cures with *lobelia*. One consumptive case in Southampton, condemned to death by the allopaths, was cured by the herbalist alluded to, who told Dr. Cooper that the only remedy he had used was *lobelia*. In using the term "serous discharge," he explained that he was following the description given in relation to the affection by Madame Boivin and Dugès in their work on affections of the uterus.

## CHEMICAL INDICATIONS.

By Dr. DRYSDALE.

In reading the report of Dr. Gibbs-Blake's excellent paper at the Birmingham Congress and the discussion which followed, I perceive that the point of my few remarks has been obscured or altogether missed by a mis-print of the word *clinical* instead of chemical. I wished to call special attention to the great importance of Dr. Gibbs-Blake's paper, inasmuch as it was founded on the principle of applying the homœopathic law to accurate indications, indications which can be determined by the test tube and the balance, which, while still parts of "the totality of the symptoms" whereby the medicine is chosen, are raised in certainty to the level of physical signs, and thus far above the subjective symptoms furnished by the sensations of the patient on which we are obliged so often to depend. Some time ago I called attention to this subject when recommending *tincture of senna* as homœopathic to increase of urea, but the subject has not been followed up systematically till this paper of Dr. Blake's, and I hope that it will be pursued diligently till it receives its proper attention in our clinical experience and in the *Materia Medica*. It is of importance to know whether these alterations of the proportion of the urinary elements which show altered

metabolism in the system at large or particular organs, follow the rule of double and opposite action, which characterises the bulk of the drug effects capable of homœopathic use. On this point experimenters who hitherto have been chiefly allopathic, are not sufficiently explicit, and it behoves our school to sift and supplement the evidence so as to be clear upon it, as thereon must depend the applicability of any drug on the homœopathic principle. In general the experimentalists are content with relating the primary and more obvious effects, and neglect to state what the subsequent after effects may be. We have some exceptions, however, and I note that in Professor Cash's paper in the *Brit. Med. Journal*, 3rd November, 1888, "it has been recorded by Jacobovitsh in the case of *healthy*, as well as of feverish children to whom antipyrin has been given," the nitrogenous elimination is greatly reduced. "The inorganic *salts*, *sulphates*, *phosphates*, &c., are markedly diminished. After discontinuance of the drug, however, all these constituents appear to be increased even relatively to the time anterior to the administration of the drug. Metabolism seems to be held in check by antipyrin, sometimes to a remarkable extent." (p. 977) Here we see that when observation is extended to the period after the exhibition of the drug is stopped, an increase of metabolism following the primary depression of it belongs to the action of *antipyrin*. It is of essential importance to the homœopathic use of the drug to know of this double action and the order of events, for no doubt to give *antipyrin* in diminished metabolism would be homœopathic (as far as one symptom counts in the totality) and probably curative, while given in increased metabolism it would be antipathic and merely palliative. It is probable that this result may be forced on the allopathic school by the course of empirical use of *antipyrin* which is now in fashion. The value of *colchicum* as a specific in gout has been long known empirically, but it is only lately that Noel Paton's experiments show that its primary action on the healthy body is to increase the production of uric acid, not merely to eliminate or excrete it more rapidly. This has excited the astonishment and no doubt secret disgust of sectarian allopaths.

## ON NASO-PHARYNGEAL HYPERTROPHIES IN RELATION TO DEAFNESS.

BY WALTER T. P. WOLSTON, M.D., Edinburgh.

THE subject which I have the pleasure of bringing before this Congress is one which for several years has engaged my earnest attention.

Its importance, I think, every one will admit, when we bear in mind the sad affliction which deafness is to the unfortunate sufferer. That the blind are cheery is proverbial, but we must all have noticed how sad is the countenance of almost all who are deaf, and the more so if this condition obtain from early life.

The conviction has been gradually forcing itself on my mind, that a very large percentage—perhaps even I may go the length of saying 90 per cent.—of the deafness of the land is entirely preventible. It is the weight of this conviction which has led me, therefore, to offer for your consideration and criticism a paper, which varies from those usually presented to Congress, in the fact of its being surgical rather than medical.

Our colleague Dr. R. T. Cooper, in his well-known and able monograph on *Vascular Deafness*, has very well distinguished between the various forms of deafness under the headings of *Obstructed Hearing—Exhausted Hearing*, or nervous deafness—and *Enfeebled Hearing*, or vascular deafness. It is with his first division, *Obstructed Hearing*, or deafness, that I shall treat, and limit my remarks to the obstruction found on the median rather than the peripheral side of the tympanic membrane.

To the Eustachian tubes abundant attention has been paid, but important as these passages are, in relation to the organs of hearing, they are but a small part of the channel through which air passes to the tympanum, and where obstruction may arise, and deafness result.

Stenosis, or complete occlusion of the tubes themselves, I believe to be very rare, though possibly it may have been found to exist. Stenosis, however, of the inferior meatus of the nose, which, anatomically viewed, is but a continuation of the Eustachian tube, is much more common than is suspected; and to it deafness is due, in many cases, as I shall hope to show.

A German physician has quaintly observed that in England “the nose is rarely interrogated,”—a remark

which is certainly true in relation to deafness. Provided the external meatus be normal, and the Eustachian tube found to be patulous at the moment of inspection, the deaf patient has been frequently dismissed, unrelieved, because the true cause of the deafness has not been discovered.

In future the interrogation of the nose must be a matter of rule of thumb, wherever deafness obtains, because, in the greatest majority of cases, either in its mucous or bony construction, or in the cavity of the naso-pharynx, lies really the source of the deafness.

Allow 5 per cent. each for *exhausted hearing*, *alias* nervous deafness, and *enfeebled hearing*, or vascular deafness, and the balance will be found to be dependent on existing, and removable *obstruction*, or be the result of a bygone obstructed condition, which has passed away as years have rolled by, leaving the tympanic membrane and ossicles in an ankylosed condition, incapable of normally fulfilling their function of responding to air vibration.

Turning now to the various causes of obstructed hearing, dependent upon hypertrophies of the naso-pharynx, it is indisputable that the majority are due to hypertrophias in the vault of the pharynx; a much lesser proportion being due to bony, or cartilaginous irregularities of, or mucous hypertrophies in, or protuding from, the nares. Hypertrophies in the pharynx cause deafness by *direct pressure* on the Eustachian tubes. Hypertrophies in the nares produce deafness by *obstructing*, or *deflecting*, the normal air-wave, which should bathe the eustachian orifice, and ventilate the tympanum.

Taking these various hypertrophies in the order of their frequency, and of their position from behind forwards, they stand thus—

1. Adenoid vegetations of the naso-pharynx.
2. Hypertrophied pharyngeal (or *Luschka's*) tonsil.
3. Erectile tissue tumours, or hypertrophy of the posterior turbinated body.
4. Muco-periostitis of the vomer.
5. Stenosis of the inferior nasal meatus.
6. Synechiæ of the nasal fossæ.

It will very likely occur to many of you that among the list of causes of deafness by obstruction, nasal polypi will occupy a prominent place.

Strange to say, the reverse obtains, and these mucous growths cannot be generally regarded as causes of deafness.

Of the 125 cases of nasal polypus which have passed through my hands, not five per cent. complained of deafness, and careful examination elicited the fact that the deafness existed previous to the occurrence of the polypi, or, at all events, it was only very remotely traceable to them.

The reason of this, I think, lies in the fact that polypi are very moveable bodies, whereas the other enumerated diseases depend upon fixed hypertrophies. A naso-pharynx may be crammed with polypi and no deafness obtain, a very good proof of which lies in the case from which I took this specimen—a four ounce jar containing 178 polypi—which quite filled and enormously distended the naso-pharynx, but hearing was normal.

Again, this huge solitary polypus, which grew from the right nostril of a young woman, and completely filled the pharynx, had no effect upon the hearing.

#### I.—ADENOID VEGETATIONS.

To Wilhelm Meyer, of Copenhagen, is due the credit of first really pointing out the true nature, and pathological importance of adenoid vegetations in the naso-pharynx. This he did in 1868.

Luschka was the first who applied the term "*Tonsila Pharyngea*" to the glandular tissue, which resembles the substance of the palatal tonsils, and covers the greatest part of the pharyngeal roof, and posterior wall of the pharyngeal arch, downward to a line which connects the inferior end of the eustachian tubes. This pharyngeal tonsil is of course a normal and ever-present structure, but the adenoid vegetations, or excrescences, to be described, do not exist in a healthy pharynx.

Post-nasal vegetations are essentially a disease of childhood and puberty, and consist in a number of isolated growths, scattered indiscriminately over the boundary walls of the pharynx, or they may be confined to the vault. Usually they are sessile, occasionally pedunculated, when they may present a curious foliated arrangement, which has been likened to a cock's comb. More often they form one mass with many clefts in it. The sessile growths are chiefly on the back of the pharynx, the pedunculated growing from its vault, and

these latter may occasionally be seen by anterior rhinoscopy. When abundant in quantity the soft palate is pushed forward, and the mass easily visible by posterior rhinoscopy.

Under these circumstances they completely fill the post-nasal space, destroy its normal purpose as an air cavity, press upon the Eustachian tubes, and block up the choanæ, which usually have a villous fringe, in itself quite enough to obstruct respiration. If the post-nasal space be examined by the finger, the feeling is that of touching a mass of earth-worms, as the growths are usually soft and gelatinous, and readily bleed when subjected to palpation. Less frequently they are firm, hard, and fibrous in feel.

The *symptoms* which the malady gives rise to are very marked. The face has a shy, indolent, and often listless expression. The anterior nares are usually small, sometimes ridiculously minute, and are then round, instead of being oval. The nasal wing is unmoved. The mouth is constantly open, the patient snores at night, and sleep is restless. The voice lacks *timbre*, is dead, or so-called "nasal."

In most cases there is marked pallor, and the face is sallow. The handkerchief is constantly in use, though the patient cannot really blow his nose. In children indifference, and inattention, and even stupidity are laid to their charge, all which, in reality, are due to unrecognised deafness, and disappear with the removal of the malady. In 95 per cent. of the cases of well-marked adenoid disease, deafness obtains. On examining the throat a yellowish green secretion may be seen trickling down the back wall of the pharynx, and not unfrequently a little blood-stained mucus will dribble from the mouth during sleep. The tonsils are in most cases enlarged. Deformity of the chest is not unfrequently present, when post-nasal vegetations block up the naso-pharynx. The tendency to the so-called pigeon-breast is often seen, and Sir Morell Mackenzie's remarks with regard to the ill effects of enlarged tonsils are fully applicable to this malady. He says that, according to Lambron, "the characteristic malformation of the thoracic cavity, met with in cases of enlarged tonsils, is a circular depression of the walls of the chest, at about the junction of the lower and middle third. The thorax seems as if it had



been confined by an unyielding ring, which, while contracting its growth in this situation, gives an appearance of abnormal bulging to the upper part of the cavity. This circular depression corresponds with the attachment of the diaphragm internally to the osseous framework of the chest, and is evidently due to the constant energetic contractions of that muscle to overcome the obstacle to free respiration. In childhood the bones yield easily to such influences, and any one, who has witnessed the difficulty of breathing which occurs, especially during sleep, where there is any considerable hypertrophy of the tonsils, will readily understand how pernicious may be its effects on the respiratory apparatus. In addition to the organic alterations in the bones of the chest other evils are brought about, and Chassaignac well observes that although increased efforts of the diaphragm, to a certain extent, neutralise the impediment to respiration, there are frequent intervals when the powers of the muscle become temporarily exhausted, and the oxygenation of the blood is very incompletely performed. The vital forces are, in consequence, very much lowered. The patient lives in a state of permanent ill-health, and easily succumbs to any acute attack of disease, particularly if affecting the respiratory organs.”\*

To temporise with conditions such as these, if a rational and radical mode of dealing with them be at hand, is surely not the duty of the physician. Medicine may spend years in futile efforts, while irreparable mischief is being done. Surgery can deal with the case in a day, and the complete and early removal of the offending growth is, I hold, the duty of the doctor. It is quite true that if left to nature, unaided by internal medication, the time will come when these growths will have completely disappeared, for, like fungi, they thrive in moisture, hence are redundant when the naso-pharynx is small, but have a tendency to shrivel up and disappear as the bony frame increases, and the air cavity enlarges. Hence a patient who may have had well-marked adenoids at eight or ten years of age, may be found at seventeen or twenty years with little or none remaining.

The physician points triumphantly to the value of his drugs, but, as a few years roll by, deafness is complained

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\* *Diseases of the Throat and Nose*, vol. i., page 65.

of, advice sought, and usually every attempt to rectify the indrawn drum-head, and ankylosed ossicles is found to be fruitless. The aurist looks wise, shakes his head, while he may prescribe Politzer's bag, and chloride of ammonium inhalation, but the patient departs unhealed, and thus will he remain for the rest of his days. Timely operation would have saved such an untoward result.

Various are the modes of treatment which have been recommended for this condition. Astringent lotions, sprays, Meyer's ring, Gottstein's adenatome, Delstanche's sliding adenatome, the galvano-cautery loop, and the cold wire snare. The best of all, however, I believe, is Loewenberg's curved forceps, with posterior cutting edge, with which you remove the chief masses, and then finish the operation with the first finger nail, which yields the palm to no other instrument in its adaptability to the contour of the naso-pharynx, for the purpose of scraping completely every necessary portion.

The operation is better done with an anæsthetic than without, specially with children. A good gag—Whitehead's self-retaining is perhaps the best—keeps the mouth open, and it is as well to have the patient so secured on the table that no struggling takes place at the moment of operation. With the index finger the situation of the disease is discovered, the forceps introduced, and the mass removed *seriatim* by a half-cutting, half-wrenching process. By rapidly introducing a small sponge after each mass is withdrawn, bleeding, which is often severe, is controlled, and absorbed, and the cavity left clear, for the next exploration of the finger, to see what yet remains to be done. The *tactus eruditus* of the surgeon soon leads him to condescend on the unremoved portions, as he quickly gets to have his eyes first at the end of his fingers, and then at the end of his forceps. Care must be taken to completely scrape out the choanæ, and, above all, the cleft immediately above the Eustachian tube, where small masses, if allowed to remain, will certainly swell and minimise good results.

After operation, the patient should keep bed for a couple of days, and an alkaline antiseptic spray be used for a few days. The results are immediate. The child breathes through his nose, with the mouth shut, before he leaves the operating table. Within three or four days he becomes conscious of the Eustachian tubes

opening of themselves, and the drums of the ears being blown out. Should this not arise, after eight or ten days, when the parts are clean, Politzer's bag may be had recourse to, and continued at intervals, if long-existing catarrh of the middle ear has obtained. If the tonsils are very large it is good practice to remove them at the time of operation; and to effect this nothing better than Mackenzie's guillotine could be desired. My experience of this malady, and of this method of treatment is based on 50 cases, in all of which the results have been eminently satisfactory. In bad cases, where the mass has been very tightly packed in the nasopharynx, an apparent recrudescence is due to the liberation from pressure of small growths, which have escaped destruction at the time of operation. Hence it is well to examine the patient, by posterior rhinoscopy, a month or two after the major operation, and clear out any discovered fragments of growth. It is now well-proved that these growths do not recur, if once properly removed. By way of illustration I may be permitted to cite a case or two:—

H. K., aged 15, was brought to me in London on 19th May, 1887. He is a tall spare lad, who snores badly at night, and cannot breathe through his nose. Anterior nares contracted. The face is expressionless, the tonsils large, and he is very deaf. He can hear my watch—a loud-ticking English lever, which one with good hearing detects easily at six to eight feet—on the right side eight inches, and on the left nine inches. Both drum-heads are indrawn, and dull in colour. The post-nasal space is crammed. Under chloroform I removed about twenty masses—some very large—filling a half-ounce bottle. Within two days he complained of there being too much noise in the house. I did not see him till 2nd September, when I found him a changed lad, lively and bright. He hears on right side fifteen feet, on the left nine feet. The anterior nares are developing. The tympanic membranes are improving in colour, and coming out. A certain measure of stenosis exists in each lower meatus of the nose. I directed him, therefore, to use nasal bougies. This he did till 1st March, 1888, when the record is that he hears, right or left, fifteen feet, in fact, has perfect hearing, and is a changed lad in every way.

L. D., aged 10, was brought to me from Shetland on 9th July, 1884. A healthy-looking boy, with the anterior nares well developed. Four years ago he began to get deaf, varying much with the weather. He always snored at night. He has rather an expressionless face, and keeps the mouth constantly open. Hears on right side six inches; the drum is indrawn, and dark in colour. Hears on left side three feet; drum indrawn. The palatal tonsils are very tumid, but not meeting in the centre. Posterior rhinoscopy reveals the presence of a congeries of isolated growths in the vault of the pharynx, and the posterior pharyngeal wall is covered with separate elevations, one line high and three lines broad. His parents being averse to chloroform, I began the treatment without, and at the first sitting removed six good-sized masses of lymphoid tissue. On the 14th I removed other masses; and after douching and Politzerizing him, the hearing became, right three feet, left five feet. On the 21st there was another sitting, with still good results, and the hearing was improving. He now went home for two months, returning to me in October, when I removed several more vegetations, and touched the elevations on the pharyngeal wall with the galvano-cautery. He now hears on right six feet, on the left ten. The pharynx being now pretty clear, I could, by posterior rhinoscopy, discern that the posterior end of the right inferior turbinated bone—in other words, the posterior turbinated body—is very large, and projects into the post-nasal cavity, impinging on the right Eustachian tube. The left side is not so bad, though slightly enlarged. I now placed him under chloroform, and with the galvano-cautery loop I removed the right posterior turbinated body, which was nearly the circumference of a shilling, and three lines thick. At the same time I made a thorough clearance of some small adenoid masses yet left at the vault of the pharynx. Examination a few days after showed the naso-pharynx to be perfectly clear, the choanæ properly open, and the posterior wall of the pharynx normal. He breathes and sleeps perfectly quietly, and he hears, right twelve feet, left ten. In July, 1885, he paid me a visit. He was the picture of health; had never been at all deaf since last report. Can hear my watch, each side, twelve feet.

E. C., aged 11, was brought to me from Bristol on 4th

November, 1885. A tall, fairly well-built child. For years she had suffered from cold in the head, and constant nasal discharge, soiling three handkerchiefs daily. She snores badly at night. Her face is pale and expressionless. The nose is large. Anterior nares oblong, but small. Is very deaf. On the right side can hear the watch two feet. Drum very dark in colour, opaque, and indrawn, but the cone of light is present. The left drum-head much indrawn. Hears one and a-half feet. Cone of light absent. Left tonsil very large. Posterior rhinoscopy shows the head of the pharynx to be filled by a large mass of adenoid tissue, quite obscuring both choanæ. When a mirror is placed on the upper lip, and she is directed to say the letters *l*, *m*, *n*, not a trace of air is emitted from either nostril. Under chloroform I removed ten or twelve good-sized masses of tissue, and scraped away as much more with my finger nail, and then removed the left tonsil. On the 16th her hearing had improved, on the right to ten feet, and left twelve feet, and she slept quite quietly, breathing freely by the nostrils. Posterior rhinoscopy showed that some masses had come out of the sides, especially the right, and that the posterior turbinated bodies were largely hypertrophied, rose-coloured, and nearly met in the median line. I therefore again placed her under chloroform, and with the galvano-cautery loop removed the turbinated bodies, and completely cleared the vault of the pharynx, where one good-sized pedunculated mass yet remained. On the 20th the report is—Hears right twelve feet, drum better coloured, less indrawn; on the left fifteen feet, the drum still indrawn, but the cone of light has reappeared. Her general health and sprightliness has already begun to improve, and colour has come to her cheeks. This case compared with the previous one shows the value of dealing with the disease radically *in limine*. Sixteen days here produced what it took four months to effect in my Shetland case.

Provided there be no special reason for delay, the earlier the operation is undertaken the better are the results, and the more surely will the hearing be preserved. It must be remembered, too, that adenoids are either congenital, or are among the most frequent sequelæ of measles, scarlatina, and diphtheria, all maladies which spend their fury on the naso-pharynx. Inquiry into the

history of a great number of cases of deafness, accompanied by otorrhœa, and oral polypus, which date from an attack of measles, scarlatina, or diphtheria, has elicited the fact that nasal catarrh, hypertrophy of the tonsils, and nasal obstruction, to a greater or less extent—pointing to the presence of congenital adenoids—existed previous to the acute illness. The local inflammation attendant on the exanthemata set up middle-ear inflammation. The secretions, unable to find exit by the Eustachian tube, owing to its compressed or blocked condition, found their only way of escape through the tympanic membrane, which, in many cases, with the ossicles, is entirely swept away. The corollary is obvious. *Where congenital adenoids exist, producing deafness and impairing general health, they should be extirpated before the incidence of scarlatina, measles, or diphtheria.* A striking corroboration of this occurred lately in my practice.

S. H., aged 13, was sent to me on 2nd December, 1887, by Dr. Butcher, of Windsor. From infancy he had been deaf. His face was typical of adenoids. Nares exceedingly small. The tonsils had been removed five years previously without benefit to the hearing. Each external auditory meatus was abnormally small, about half the usual diameter. The drums were intensely indrawn. He heard on the right one inch, left three inches. The post-nasal space was full, and found, at the moment of operation, to be abnormally narrow, sharing the general contraction of all the bony channels. The mass removed was consequently not very large. By a curious coincidence the lad had the germs of scarlet fever in his system previous to operation, and, two days after, developed the usual eruption, and passed through a very acute attack without any harm to the auditory apparatus, and in June 1888 the hearing power had risen to two feet on either side. The lad communicated the fever to his younger brother, aged eleven, who was also deaf, and the subject of adenoid growths. He was to have been operated on if the first case was successful. The scarlatina obviated the necessity, for both ears inflamed and discharged, sweeping away the tympanic membrane on each side, and rendering him hopelessly deaf for life. At the door of the family doctor must henceforth lie the onus and shame of deafness in these cases, for the diagnosis is easy, and the treatment plain.



## 2. HYPERTROPHY OF PHARYNGEAL TONSIL.

This malady obtains with great frequency, and, as well as occasionally in children, is found at an age when adenoid vegetations have disappeared. The normal dimensions of the healthy pharyngeal vault would appear, according to Michel, to be—

Conjugate or width = 1.4 inches.

Antero-posterior or depth = 0.8 inch.

Vertical or height = 0.7 inch.

Hence the cubic capacity = 0.896 inch or just 9-10ths. These measurements coincide with my own observations, coupled with some careful fluid measurements of the whole naso-pharynx, which, even in cases of advanced ozæna, with its universal mucous atrophy, can only contain four to five fluid drachms. Any tumour therefore on the roof or posterior wall, if even only half-an-inch in thickness, has the most important effect of reducing the chief diameters by one-half. Persons so affected—as well as being almost always more or less deaf—all have a pale, sallow appearance, and look pinched and old, in proportion to the degree of the affection. Removal of the neoplasm is followed by vigorous health, due to the better aeration of blood from regular and deep inspirations, instead of the shallow and irregular breathing previously obtaining.

J. G., aged eight, seen 7th June, 1884, has from infancy snored badly at night. He is a pallid, pinched, under-grown, flat-chested lad. For four years has been very deaf, and for the last six months has attended the aural department of a general hospital, where the usual measures of gargles, washes, and inflations have produced no result. His palatal tonsils meet in the centre. He hears, right six inches, left three inches. This day I removed his tonsils by the guillotine. On 16th I was able to obtain a view of the vault of pharynx by posterior rhinoscopy. The pharyngeal tonsil is seen greatly, and bilaterally enlarged, with a marked sulcus between the two lobes, each of which compressed the corresponding Eustachian tube, and blocked up the choana. Placing him under chloroform, I removed the mass in several pieces. The effect was beautiful. On 2nd July, after using Politzer's bag, the hearing power rose on right to six feet, left four feet. In December he



was rosy-cheeked, and developing nicely. In the spring of 1888 he passed through a severe attack of measles without any ill effect upon his hearing, which now stands (April 3, 1888) at right ten feet, left twelve feet. Had the exanthem occurred while the naso-pharynx was full, I have no hesitation in saying he would have had middle-ear suppuration, with loss of tympanic membranes, and consequent life deafness, almost inevitably.

The enlargement of the pharyngeal tonsil laterally, after puberty, need not be very great to seriously compress the Eustachian tubes, and affect the singing voice, an illustration of which I would give.

M. W., aged twenty-five, saw me on 9th December, 1886. She had always an irritable and granular throat, for which many winters had been spent abroad. Early in November, 1886, she contracted a severe cold, accompanied by intractable sneezing, which lasted for ten days, and finally was allayed by a five per cent. spray of cocaine. Shortly after she began to get sensibly deaf on the right side. Examination reveals a roomy naso-pharynx, but Luschka's tonsil was red, tumid, and impinging on both Eustachian tubes, but specially on the right. The tubes cannot be inflated with the air bag. Hearing power, right two feet, left five feet. I gave her the alternative of gradual, and partial recovery by internal medication, time, and the arrival of dry weather—which always sensibly affects these adenoid growths—with liability to recurrence with each cold contracted, or radical treatment of the mass by operation. She elected the latter, and, placing her deeply under chloroform, I removed eight pieces of tissue, which would make together a big bean, and thoroughly scraped the post-nasal space with my finger nail. On the 20th the tubes were easily and automatically inflated, and hearing power rose to six feet each side. In April, 1888, she hears, right ten feet, left fourteen feet, and she is conscious that all her life her hearing power has been much below the normal standard. She also reports that her singing voice has gone up from F to A flat—a gain of three semitones. This last point is one which is easily explicable, if we remember that the resonance chamber is the part we are dealing with; and that a muffled voice, and limited scale, is due to other than laryngeal mischief is a point which singers and doctors will do well to bear in mind.

### 3. ERECTILE TISSUE TUMOURS.

As is well known, the lower spongy bone is covered with a cavernous network of veins of a truly erectile character. This cavernous network, with its bony support, and investing mucous membrane, forms, at the terminations of the concha, respectively what are termed the anterior and posterior "turbinated bodies." Both of these bodies can undergo rapid turgescence and enlargement, of which we are all aware when we "catch cold," with its consequent nasal obstruction. Into the physiological use of these bodies it is not my province now to inquire. When pathologically and chronically much enlarged, they become of serious import, and their reduction a matter of necessity. In a healthy naso-pharynx the posterior turbinated body can usually be seen, by the post-rhinal mirror, as a pale, somewhat flattened mass, with a rounded contour. In cases of polypus, chronic catarrh, and post-nasal growths, these bodies usually become greatly hypertrophied, and although you may have removed the exciting cause of their hypertrophic condition, you cannot always remove the interstitial changes which chronic inflammation produces. "The basement membrane is thickened, the mucosa densely infiltrated with small cells; the glands and their ducts are filled with proliferating epithelium; the blood-vessels increased, both in size and in number; and the trabeculæ and sinuses greatly enlarged," according to Morell Mackenzie.\* The posterior "turbinated bodies" under these conditions secrete a large amount of irritating discharge, obstruct respiration, may press upon the Eustachian tubes, and not infrequently give rise to very troublesome reflex phenomena, such as epilepsy, cough, and asthma, of which I have seen several cases. Their bearing on deafness, however, I only enter into now.

E. L., twenty-one, came from Glasgow to see me on 1st November, 1884. From childhood he has been deaf, and can now hear my watch, on the right two inches, left two feet. Each meatus contains hardened cerumen, on removal of which he hears, right two feet, left four feet. Both drumheads are indrawn and injected, and the handle of the malleus much thickened. Posterior rhinoscopy cannot be effected, but the finger in the post-

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\* *Diseases of the Throat and Nose*, vol. ii., p. 34.

nasal space detects some mass there. The anterior nares and meatus are fairly clear, the right being wider than the left. I gave the air douche and an alkaline nasal spray to be used twice daily. 8th November.—Hears now, right four feet, left six feet. Drums not indrawn, but still injected. 22nd November.—He has been practising touching the pharynx, &c., to permit me to do posterior rhinoscopy. This I now effected, and found the right choana partly blocked by hypertrophy of the turbinated body. The left choana was entirely filled by a dark grey mulberry-like tumour, passing the septum, and extending half-way across the right choana. It also firmly impinged on the left Eustachian tube. The smaller mass I easily removed by the galvano-cautery loop passed down the right naris. The left side, however, then baffled me, as the tumour was too firm to permit the loop to pass it. On the 29th November I placed him under chloroform, and then easily removed the mass in four pieces, the largest the size of a big bean. I also removed a few post-nasal vegetations, the existence of which the finger had discovered. On 13th December he returned, exclaiming, "I am in another world; quite a new creature." On examination all trace of the tumour had disappeared. Judging that he had viscid mucus retained in the tympanic cavities, I on several occasions washed out the middle ear with a weak alkaline solution, injected by the Eustachian catheter and tube. His hearing steadily improved till 6th February, when he reported himself quite well, and could hear the watch ten to twelve feet on either side. He finds that when he blows his nose the drums of the ears are inflated, an entirely new sensation.

It is not always necessary to remove the turbinated bodies, as suitably directed local means—such as alkaline sprays, and the intermittent pressure of nasal bougies—sometimes effect their reduction.

#### 4. MUCO-PERIOSTITIS OF THE VOMER.

This malady consists in a greyish-white swelling, observed at the posterior margin of the vomer. It is usually bilateral, and associated with other hypertrophies, the result of chronic catarrh. Instead of the free knife-like edge which the posterior margin of the septum should present, the bulging may be so great on either

side as to occupy from one-third to one-half of the free space of the channel, and extend forward to the middle of the septum. It is only recognisable by posterior rhinoscopy, and best treated by a touch of the galvanocautery. Deafness cannot be said to be dependent on it, but as this condition contributes its share of obstruction to the passage of air through the nasal channels, its occasional presence should be borne in mind. It occurs in about ten per cent. of, and side by side with, the other diseases which form the subject of this paper.

##### 5. STENOSIS OF THE INFERIOR MEATUS.

Works on anatomy describe very clearly and minutely the boundaries, contents, and contour of the nasal cavities. Among the descriptions the inferior meatus is usually represented as a well-marked channel, through which air should readily flow to the trumpet-shaped orifice of the Eustachian tube. As a matter of fact, however, a normal naris may be described under the well-known algebraical sign of  $x$ , that is an unknown quantity, for no two sides of one nose are alike, and most certainly no two noses are alike. The inferior meatus is no exception to this general statement, being very irregular in its condition, though the basis of its structure be the identical in each head. It is much more frequently narrow and constricted than open, and is often marked by prominences of mucous, cartilaginous, and bony structure, which seriously deviate the inspired air wave. A stenosed condition is in fact far from uncommon, and if this obtain along with any of the afore-named hypertrophies, attention to it is most important. With few exceptions great benefit may be obtained by the steady use of graduated bougies, which by their intermittent pressure eventually produce enough absorption to permit the normal wave of air to pass in the right direction. The comfort to the patient—previously much stuffed up—is very great, while the effect upon the auditory apparatus is correspondingly important and beneficial.

K. M., aged seventeen, came under treatment for deafness on 4th July, 1884. His symptoms were pallor, headache, drowsiness, irritability, and restless sleep. His tonsils were enormously enlarged, touching each other. The fauces were indurated, and oedematous. The anterior nares, curiously small and circular. Each

meatus was in a condition of stenosis. Deafness obtains. With the right he hears six inches, the drumhead much indrawn; with the left side three feet. No air enters the Eustachian tubes. Posterior rhinoscopy was difficult, but adenoid vegetations were seen to exist. I first removed as much of the tonsils as their peculiar setting permitted, and by 3rd September under the influence of *kali. bic.*, the hearing had improved on the right to sixteen inches, and the left to four feet. I now commenced to remove the adenoids at intervals of five or six days. By the 22nd he could hear on the right two feet, on the left still four.

In the end of September he returned to school, and no progress was made till 17th January, 1885, when, placing him under chloroform, I completely cleared the post-nasal space, and thereafter commenced the use of gum elastic bougies, beginning with No. 4. By 30th April he had reached the daily use of No. 12, and could hear on either side five feet. On 8th September, 1885, the nares permit vision of the pharynx on both sides; he hears the watch six feet on either side; the drums are normal. He has lost his pallor, and looks and feels quite healthy, sleep being now refreshing.

#### 6. SYNECHIA OF THE NASAL FOSSÆ.

Last and least frequent among the causes of deafness, must be mentioned the curious pathological condition described by the term synechia. It may be membranous or osseous. In most cases it would appear to be congenital. A fortnight ago I cut down with my cautery knife a membranous band two lines thick, which, in a lad of ten, connected the septum and the left ala nasi. This was congenital. Of the osseous variety I have come across six cases, all in the left nostril. Three connected the septum with the middle turbinated, and the fourth with the outer wall. Deafness was present in three of the six.

E. T., thirty, consulted me 1st October, 1887. For the last year has been getting deaf. The nares very stuffed up, accompanied by a great amount of mucous discharge. The hearing was particularly defective in deciding as to whence a sound came, for instance, a band in the street. Both tympanic membranes are indrawn, and dull in colour. Hearing power, two feet

right; left, one foot and a half. The nares are narrow, and both middle turbinateds are pendulous and enlarged, having the boss-like eminences which indicate incipient polypi. On the left side a bony ridge springs from the septum, about half-way back, connecting it with the outer wall. Two probes passed simultaneously one above, and one below, can be felt to meet behind. The patient not being in good health at the time, I only removed the hypertrophy of the middle turbinateds. Their removal gave relief from the sense of suffocation, and by 10th November the hearing power had increased to four feet on the right and five feet on the left, and there it remained. I this day removed the bony bridge by suitable nasal saws. There was not much hæmorrhage, and, to prevent any membranous bridge arising, I introduced a strip of amadou, which was allowed to remain for three days. She had no further treatment, and on 16th May, 1888, the left naris was seen to be perfectly clear, the turbinated bones normal; smell, previously dull, was acute; both drumheads were normal in colour and contour, and the hearing power had risen on the right to twelve feet, and on the left to eighteen feet.

The lines on which we are wont to exhibit suitably chosen drugs are known to us all, and I will only just add that I use with advantage such medicines as *kali bic.*, *cyclamen*, *baryta mur.*, &c., in incipient cases of nasal disease; but where matters have reached the length that they generally have when most cases present themselves for treatment, I believe I am doing the best to my patient by working on the surgical lines I have indicated. And now, thanking you for the patient hearing you have given to my, I fear, too lengthy lucubrations, I invite your severest criticism. That may make me feel small, but if my paper tends to waken interest in the subject in hand, so that deafness be banished, in the main, from the circle of your *clientèle*, I shall be more than repaid, for the labour of its preparation, by the knowledge that some are not deaf who otherwise might have been.

#### DISCUSSION.

The PRESIDENT, after remarking that they were very much indebted to Dr. Wolston for his able and interesting paper, invited discussion thereon.

Dr. COOPER, as having had a great deal to do with the treatment of deafness, said it had afforded him the greatest possible gratification to listen to Dr. Wolston's eloquent and ably prepared paper. In every respect it was a pleasure to listen, and especially to his pathology. There was no doubt at all that by clearing the nasal cavities they could gain a very great deal in the treatment of some cases of deafness. But if they allowed themselves to be carried away by the idea—an idea which he thought was more than suggested by Dr. Wolston's paper—that deafness itself was to be cured by a simple operation, they would come to a very wrong conclusion. Deafness depended upon such a number of different causes that the attempt to find the proper treatment must necessarily be attended with a great deal of difficulty. The prominent feature Dr. Wolston had dealt with had been adenoid growths. Now these adenoid growths were chiefly met with in young children, and in dealing with young children the practitioner must be extremely careful how he touched the posterior nares. It was by no means a part which they could deal with just as they liked, and drag about and operate upon just as seemed fit to them. He knew of one case, and could bring forward a great number of others, where a medical man's child was sent to be operated upon for this affection, and the operation, although he believed it was extremely skilful, was followed by inflammation of both ears, and a suppurative discharge from them. Whether he became deaf afterwards he did not know. In these cases there was very often a tendency to cerebral meningitis which also left its effects upon the ear, and a very slight operation indeed, such as the scraping of the finger nail, was very likely to be followed by inflammation of the ears. Then, again, Dr. Wolston had pointed to the fact that these adenoid growths undoubtedly underwent a very great change, and a very rapid change, in accordance with the age of the patients, disappearing as time went on. That being the case there was no doubt that if they prescribed the indicated remedy, and if they accepted it in the way in which it ought to be accepted, they would get a great deal better results from it than Dr. Wolston would have given them to understand by his paper. As an instance, he might mention that he had a child sent to the hospital some time ago, in which the adenoid growths were larger than he had ever seen. It was late in the evening, and he could not do anything in the operative way at the moment beyond scraping the part with his finger. He gave the child *calcareo phosphorica*. There was at the time threatened suffocation. The mother had remained up many nights with the child. He (the speaker) asked her to bring her on the following Monday,



but she did not turn up, and on the Saturday he found her breathing very much better. The last time he saw her, her breathing was almost right. He had seen a very large number of cases attended with deafness in which these adenoid growths were present, especially in young fellows from school. He confined himself simply to scraping the posterior nares, unless the growths were very large, and afterwards touching them with *hydrastis*, and he knew that so far as hearing was concerned he got quite as good results as after severe operations. There was one affection Dr. Wolston had not touched upon, and that was pharyngeal catarrh. He was perfectly certain the ordinary authorities were quite in the wrong in their treatment. It very often attended cases of deafness, and was certainly connected with the subject. In all these cases he found that there was a doughy, pasty sort of condition of the posterior nares, and if they scraped the posterior nares, and then touched it with *hydrastis*, the pharyngeal catarrh went away altogether. The treatment which approved specialists were in the habit of adopting was with the electro-cautery, and he had seen cases in which they had certainly stopped the cough, and done good, so far as symptoms were concerned, but the conditions from which the malady arose had been left entirely untreated. There was no more dangerous condition, so far as deafness was concerned, than this boggy, pasty condition of the posterior nares. It was, however, extremely common. In colds in the head, he believed this was the prominent condition present in many cases. He entirely agreed with Dr. Wolston in saying that the nasal passages required operative procedure much more frequently than had hitherto obtained, and that inspection of the nose ought to be undertaken in all cases of deafness, and he might say in all cases of nervous diseases as well—in all cases of epilepsy, and especially in cases of hypochondriasis and loss of memory. He did not know whether Dr. Wolston had noticed it, but he often found loss of memory in connection with nasal disease. In a case that recently came under his notice, where a young fellow had a very severe blow on the nose, his memory went entirely for some considerable time, and until his nose got well, and all inflammation subsided, it was not restored. As Dr. Wolston had dealt so entirely with the surgical aspect of the question, and as his (the speaker's) practice lay more in the medical department, he did not feel justified in going further into the subject. The only thing he would protest against was the indiscriminate meddling with the posterior nares, especially in very delicate children. To suppose they could do it without risk was a very great mistake indeed. Even in many cases where there was obstruction,

and an operation was necessary, he would counsel non-interference until the child's health was restored by indicated remedies, and until all tendency to inflammation, especially of the head and ears, had ceased. (Applause.) Before sitting down, he would like to add a word or two as to the injury that sometimes arose from douches to the nose, and how very much better it was to prescribe their remedies in a dry form, such as snuff. They lost a very great deal by putting the medicine on the tongue. So far as the treatment of deafness generally was concerned, he would undertake to cure a very much larger proportion of cases, taken indiscriminately, with half-a-dozen indicated homœopathic remedies than could possibly be cured by any form of operative procedure. (Applause.)

Dr. HAYWARD was glad to hear the last speaker refer to the douch, because he was quite satisfied that even douching the nose with cold water would frequently do a great deal of harm. It interfered with the mucous membrane, and produced a diseased state. The frequent washings and injections often practised were very mischievous. With Dr. Cooper, he was very much obliged indeed to Dr. Wolston for having brought the subject before them. It was a very important one, indeed, in its relation to their daily practice, not exactly in its surgical aspect, as Dr. Wolston had laid it before them, but in regard to the matter of diseased conditions of the posterior nares. Dr. Wolston seemed to have dropped upon all the cases at their latter end, and he was quite of opinion that he was entirely justified in the procedure he adopted, but he thought that long before they were submitted to Dr. Wolston (hear, hear), was the time when medicine would have robbed Dr. Wolston of his work. (Hear, hear.) If they looked out among their patients for the slight indications of deafness and of chronic catarrh, they might elicit symptoms which would draw individuals under medical treatment when it was to their advantage to be medically treated, only they did not know it. Without question, the climate of this country was such that the respiratory passages were constantly exposed to causes of disease, and in very few cases were they in a perfectly normal state. The condition of catarrh was very common, and the existence and repetition of catarrh were the cause of the obstructions to which Dr. Wolston had referred. He was quite satisfied that a chronic inflammation of the mucous membrane of the nasal passages was at the bottom of all these growths, and that in their primary condition they were simply results of such inflammation, viz.: granulations. In fact, Dr. MacDonald said they were analagous to ordinary hypertrophic granulations; that, being uncured, they con-

tinued to grow larger and larger, and form a spongy mass ; and eventually they pedunculated, the end of them bulged and swelled out, and they formed polypi ; and that the real opportunity of the medical man was before this occurred. Afterwards, of course, it was the surgeon who had to be called in, and in this case Dr. Wolston had been the surgeon. If, however, they kept their eyes open, they would most frequently find that these cases were really medical cases, and that, as Dr. Cooper had said, they might be cured by properly selected, well indicated drugs, tending much to the advantage of the patient, and, possibly, depriving the surgeon of his work. (Applause).

Mr. MAHONEY wished to impress upon them how really these cases showed the working of deep-seated disease, and the need of attending to that. With every desire to see surgery in its place, he felt that they needed to look at these cases in the light of the truths they professed to have received from Hahnemann, and to consider, first and foremost, what was the chronic condition which had at the outset been the origin of the polypus. He believed that by doing this they would, as had been remarked, leave very little for the surgeon to do.

Dr. J. H. CLARKE was inclined in a great measure to endorse what Dr. Mahoney had said. Many of these cases were really constitutional, and required constitutional treatment, the local appearance being just one of the symptoms of the disease. In the account that Dr. Wolston read from Sir Morell Mackenzie, he gave a very good picture of a ricketty child, and he did not suppose the condition of the pharynx was the whole of the disease. There was disease of the bone as well as of the throat, and if the right remedies had been given at the beginning, and for a considerable time afterwards, the throat would not have got into the condition it did. With regard to the tendency of surgeons to interfere with the throat, rather an interesting thing had just appeared in Mr. Mapleson's reminiscences. He had come out as a singer, and was just going to take up an engagement as leading singer in an opera. Having some trifling thing wrong with his throat, he went to a surgeon, who, without much ado, whipped out both his tonsils, cut off his uvula, and deprived him of his voice. He only mentioned that as showing that it was quite possible to be rather too energetic from a surgical standpoint. Expressing his faith in the value of *calcareo phosphorica* in these adenoid conditions, the speaker said it looked very much as if the adenoid disease was simply a symptom of rickets, because they all knew how powerful an agent *calcareo phosphorica* was in ricketty diseases. He also endorsed what had been said about the value of *hydrastis*. In one case which he had lately

—speaking with regard to dry applications—*calcareo phosphorica* in the form of snuff had acted remarkably well.

Dr. ROCHÉ remarked that, in regard to this question of surgery and medicine, there had always been differences of opinion. A surgeon, who found himself able to do certain things and produce immediate results, naturally turned his thoughts more and more in that direction. (Hear, hear.) They must remember that there were cases of both kinds. (Hear, hear.) He recollected the case of a young lady who came under his care some years ago, and who had very large tonsils. Her case was not one, as he should judge, of deep constitutional disease, although the tonsils were very much enlarged, and their condition was a constant source of weakness and throat trouble. He removed both tonsils completely, and the young lady had never any more trouble with her throat. He believed he had never treated her for anything in connection with the throat since, although before the operation she was continually in hand. On the other hand, they must all have seen cases such as had been spoken of, where the tonsils were only a part of the whole, and it was to keep the balance between cases that were surgical and cases that were medical that they needed to raise this question of surgery and medicine. In many cases where there had been a decided polypoid enlargement, surgical treatment was demanded, but in others, where they had mucous enlargement, he should himself have great hopes from a properly-selected medicine. As to douches, he endorsed the opinion of Dr. Hayward. Great pain and irritation was the result of an injection, even of pure water. If anyone had not tried it, let them do so, and he thought they would be cautious how they used such methods with their patients.

Mr. DEANE BUTCHER said the nasal cavity was not intended for liquid, and it was very natural that liquid should disagree with it. He was very unwilling to introduce into the nasal cavity liquids of any sort. There were only one or two points on which he would like to offer suggestions. If any of them had a cold or sore throat, and would introduce into the nose a morsel of wool, about as big as a pea, impregnated with iodoform, although they would get no iodoform in the throat or mouth, but merely the air impregnated with it, they would experience a sensation of comfort. The action of the vapour on the nasal pharynx had been of the very greatest service to him. It was but a small matter, but it might be of interest. Another thing was this. In the case of children who were liable to deafness or obstruction of the Eustachian tube, if they took them in hand early, and bestowed a certain amount of trouble upon them, they could teach them to open the

Eustachian tube internally. It was a very useful thing to do, and could be accomplished in the vast majority of cases, action being given to a set of muscles which ordinarily were never used, but which could be artificially strengthened by the exercise of a like trouble.

Dr. BLACKLEY had listened with great pleasure to the paper, which brought to mind a case he had under his care some time ago, in which the patient had adenoid growth in both nostrils. He tried several remedies, and several months having passed without any progress being made he determined to apply the polypus forceps and bring away the growths, which were very small. They began to grow again. At any rate, he made no progress towards a radical cure until he began to use an injection, and that with the medicine. He continued the *phosphate of calcaria* and ultimately the patient got well, and had had no recurrence of the malady. With regard to injections in the nostrils, he thought he might claim to have had a fairly large experience, both in his own person, experimentally, and with his patients, having employed a very great variety. No doubt they might remember a proposal that for the cure of hay fever they should use an injection of *bi-sulphate of quinine*. That was most irritating, but most of the injections he had used, and he had used them very largely, had been very far from producing any distress or disturbance. Even this very year he had had several patients for whom he had used injections in the nostrils during the hay season, and they had not resulted in the mischief which some of his professional brethren had spoken of. He had used *sulphate of zinc* in as much as a grain to the ounce, and *sulphate of copper* in the same proportion. He had been struck particularly with the juice of the aconite. He could not touch his nostrils with the juice of the aconite without experiencing most decided irritation, but he wished to point out that it was not all injections which had unpleasant results. In some cases they produced very pleasant results, and conferred very much benefit upon the patient.

Mr. KNOX-SHAW said Dr. Wolston had made an allusion to the fact that very extensive growths might exist in the nasal pharynx without producing very much deafness, and though the paper before them essentially dealt with deafness, he trusted it might not be considered out of place if he were to allude to a case, he had had under his care, of one of those rare forms of pharyngeal tumours—those of a fibrous character. He had lately under his care a lad of 17, who about two years ago had a sudden and severe cold. He had no idea up to that time that he had anything wrong with his

nose, but he (the speaker) should judge that he must have had. At any rate, after this cold his breathing became affected, and about last May he came under his (the speaker's) care, unable to breathe through the nose at all. By no effort, though he made some very violent ones, could he breathe through his nose. On examination, one could see through the right nostril, low down, a small red mass, deep in. By examination through the mouth it could be seen at once what a very pressed forward velum he had, and what a very deep posterior nares. By posterior rhinoscopy one could see a large, smooth, round tumour, occupying nearly the whole of the nasal space, extending up into the vault, and also encroaching on the Eustachian tubes. When the patient had this first attack of cold, he was very deaf, but this was removed by syringing, and although not appreciably deaf now, his hearing was not so good as it used to be. It was a marvel that this growth did not cause him deafness. Called to treat such a case as this, the speaker went on to say, he felt himself face to face with great difficulty. The old treatment was very heroic, consisting probably of severing the nose, turning it back, and moving the tumour in that way, depressing the sphenoid bones, or else operating on it through the palate. The lad, however, was perfectly well, and he did not feel justified in undertaking either of those methods. He resolved, therefore, to resort to electrolysis. With one electro passed through the nostril into the growth, and with a curved needle passed into it behind the soft palate, he was able, for ten minutes every other day, for 22 applications, to electrolyse this growth. He first thought he would remove it by the galvano-cautery, but although the lad was most patient, and gave him two long sittings of an hour each, he was unable to snare the mass. After 22 sittings he discharged the lad, as he noticed that the whole tumour was beginning to slough, and had an offensive smell, and he was just beginning to breathe. Accordingly, he thought he would give the patient a rest. He saw him again two days ago, when he was glad to find that he was decidedly better. He could now breathe through his nose fairly comfortably, and as a proof of that said he was able to walk a quarter of a mile with his mouth shut, which, even to a person in a good state of health, was not a very easy thing to do. He was able to resume his work, as a farm labourer, and do it comfortably. The growth still existed. It could be seen, but one could now pass a finger readily between it and the vomer, and could just see that it had contracted laterally, and could see the openings of the Eustachian tubes. He was encouraged to temporise in this way because these cases tended to disappear of their own



accord about the age of 25. He did not give the patient any medicine. In the case of a hard fibrous tumour like this he did not see any clearly indicated remedy, and he was anxious not to complicate the treatment by anything beyond a simple, careful, and thorough test of electrolysis. He must say that he considered that method of operating extremely painful. At first he used to apply a little *cocaine*, but he did not think it made any difference. Unfortunately, he had no galvanometer, so that he simply used five cells of a freshly filled Lèclanchè's battery, and he found that was quite as much as the patient could possibly bear. The moment of contact was always extremely painful, but the lad got accustomed to it almost directly, and was able to bear it for the full ten minutes; never much longer. On one occasion he became very cold, clammy, and faint, but at other times he would eat his food and be otherwise just as well. These cases were, fortunately, rare. Sir Morell Mackenzie said they were extremely rare. He felt that though it did not exactly bear on the subject of the paper, as it was unattended with any marked deafness, the case was sufficiently interesting to bring before the meeting.

The PRESIDENT thanked Dr. Wolston for his most interesting and able paper, and said the general feeling seemed to be very much the same as that elicited last year, in reference to a surgical paper by Dr. J. D. Hayward. There were certain cases that ought to be treated surgically. When cases involving alteration of tissue got beyond a certain point, they were undoubtedly much better treated surgically, whereas many others, by proper medical treatment at an early stage, could be kept out of the hands of the surgeon. The point was, as one of the speakers had said, to hit upon the medium, and to see where a case could be satisfactorily treated by medical means, without surgery, and the reverse. Those who went in prominently for surgery were apt to think, as specialists, that there was "nothing like leather," but it was necessary to watch carefully in order to distinguish which cases demanded one sort of treatment, and which another.

Dr. Wolston replied on the discussion. He thanked them for their patient attention, and also for their candid criticisms, which he had rather hoped to provoke. The President had said there was "nothing like leather." Mr. MacDonald, however, sounded a very good note of warning in his book, where he said that the rising race of practitioners were apt to treat the nose very much as a back-woodsman in America would treat a forest—cut down all that was to be seen there. Such a course, he need not say, he would deprecate as much as any one of them. With Dr. Cooper he went very largely.



He would point out that his paper referred to but one class of deafness, but believed it to be very much larger than many of them thought. His desire had been to awaken interest in this class of malady, in order that it might be discovered early in life. He felt perfectly certain that by early treatment, with the remedies at their disposal, they could avert a vast amount of mischief. When he spoke of such cases being curable, he did not mean by putting them into the hands of a surgeon, because he believed that there were many cases which they could deal with themselves. By early attention, early recognition of the malady, and early treatment, thousands of cases of deafness might be prevented, and if the effect of his paper were to awaken the interest of the homœopathic body in this direction it would be all he cared for. As regards what had been said as to the touching of the nares in young children, the same remark held good with those who were older. There was no spot more delicate. In fact, if he had a person in a condition of profound collapse, nigh unto death, and he wanted to rouse him, the way would be to touch the posterior nares. One naturally felt that in operating on a part of the body so abundantly supplied with nerves, it was necessary to be careful. There ought to be quiet for two or three days, and the patient, particularly if a child, should be kept in bed. In the case to which Dr. Cooper alluded, where mischief was set up after an operation, it would probably be found, on going into the history of the matter, that the mischief was due to a cold, contracted by carelessness after the operation had been performed. That, of course, might be expected in certain cases. With regard to douches, he quite coincided with the speakers who had sounded a warning note against their being too freely used. He very rarely prescribed douches, because he was quite sure that inflammation of the middle ear was very frequently set up, if they were at all powerful. If he had occasion to use liquid for the nares, he almost always prescribed it in the form of a spray. Nevertheless, there were cases, where there was acute rhinitis, where the membrane was bright and shining, and the person suffering intolerably, when the effect of a warm alkaline douche was particularly comforting, cleansing and healing. It was a mistake, though, to make it too hot. In conclusion, the speaker assured them that he should take their criticisms and comments to heart, and if they, on their part, would take to heart what he had said to them, he trusted that they might derive a mutual benefit from the discussion.

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## REVIEWS.

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*The Second Annual Report of "Helmuth House."* New York :  
J. C. Rankin, 34, Cortland Street. 1888.

"HELMUTH House" is a hospital established by Professor Helmuth, M.D., of New York, for the reception of private patients whose cases require serious surgical operations. Professor Helmuth is of course the surgeon, and he is assisted by two house surgeons, with an efficient staff of trained nurses.

The report before us embraces a period of nine months, during which 150 cases have been treated there and seventy-five operations performed, among them several of a very serious character. The deaths number six—1 from a hysterectomy ; 1 from cardiac paralysis ; 1 from secondary cancer ; 1 from tetanus ; and 2 from uræmia.

The remainder of the report is occupied with papers, the first of which is on *Aseptic and Antiseptic Surgery*, by Dr. Knight, one of the house surgeons, and the others are descriptive of rare and interesting surgical cases by Dr. Helmuth and his son. In several instances engravings illustrate either the disease or the mode of operating. One is a very realistic specimen—an engraving from a photograph of the interior of the operating room with a patient undergoing the Apostoli method. We recognise Dr. Helmuth as one of the two surgeons present ; there are also two nurses, one of whom is so placed as to conceal the head of the patient.

It forms a very interesting and admirably got up pamphlet, and as well as a useful record of the excellent work of an enthusiastic surgeon.

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*The Physician's Diary and Case Book for 1889* London : Keene and Ashwell, 74, New Bond Street, W.

In publishing a *Diary* for next year in ample time to enable physicians to provide themselves with one adapted to their especial requirements, Messrs. Keene & Ashwell have done good service.

The *Diary*, which is interleaved with good blotting paper, is preceded by a considerable amount of useful business information of the kind often required somewhat hurriedly. Following it are two hundred ruled pages for recording notes of cases, for ready reference to which an index is provided.

Taken altogether, this annual is one of the most useful for professional purposes that can be met with.

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MEETINGS.

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LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL  
SOCIETY.

THE usual monthly meeting of the Liverpool Homœopathic Medico-Chirurgical Society, took place at the Hahnemann Hospital, Hope Street, on Thursday, November 2nd, Dr. Gordon Smith, the President, occupied the chair, and there was a good attendance of members.

Dr. CLEMENT, house-surgeon to the Hahnemann Hospital, read a paper bringing forward statistics of work done at the Homœopathic Dispensary (then in Hardman Street), during the period of eleven years from 1872-82 inclusive. The statistics had been carefully gathered from the Dispensary records for those years, and those alone were considered which related to typhus, typhoid, scarlet fever, measles, pneumonia, small pox, and infantile remittent fever. Dr. Clement showed that notwithstanding the disadvantages necessarily associated with dispensary practice, the statistics spoke well in favour of homœopathic treatment.

The usual discussion followed the paper.

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NOTABILIA.

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PROPOSED HOMŒOPATHIC HOSPITAL AT  
BROMLEY, KENT.

On the 31st of October a meeting to promote the establishment of a Homœopathic Hospital at Bromley, was held at the residence of Dr. E. M. Madden of that town. In the unavoidable absence of Allen Stoneham, Esq., of Shortlands, who had promised to preside, the chair was taken by Dr. Madden. He was supported by E. F. Duncanson, Esq., (Bickley), A. M. Tapp, Esq., (Shortlands), Rev. R. H. Lovell, C. H. Aylwin, Esq., and some five-and-twenty others, among the more prominent residents in Bromley and the neighbourhood.

During the past two or three months efforts have been made to obtain promises of assistance in the event of its being found practicable to carry such a proposal into effect, and on this occasion it was announced that £430 had been promised towards the establishment fund, in addition to which one lady undertook to provide the complete furniture of one bedroom, and between £60 and £70 in annual subscriptions.

It is proposed to take a small house in Bromley, and while fitting it for the purposes of the already existing dispensary, to have in addition two small wards, each capable of receiving two adult beds and one child's cot. For many years the dispensary has been very popular in the district, and has yielded a very fair surplus after paying all its expenses. This surplus will in future be devoted to the purposes of the hospital.

It is calculated that about £500 will be required for the initial expenses, and a subscription list of at least £150 a year, in addition to the funds produced by the dispensary and the payments from patients, who would be expected, whenever possible, to contribute according to their means from 8s. 6d. to 10s. a week towards their maintenance.

This scheme was a favourite one with the late Dr. R. E. Phillips, who not unfrequently found it both difficult and unpleasant to obtain admission to the Bromley Cottage Hospital for any patient who had been under his care, and it was felt that no fitter tribute could be paid to his memory than to fulfil his wishes in this respect.

The meeting unanimously resolved to push forward the undertaking. For this purpose, and to prepare a code of rules for the management of the institution, an influential committee, consisting of nineteen ladies and gentlemen, was appointed.

There is every prospect of this new venture being successfully launched at the beginning of the year, and that it will greatly add to the popularity and usefulness of the dispensary.

It is proposed to call the institution the Phillips Memorial Homœopathic Hospital and Dispensary.

We heartily congratulate our colleague, Dr. Madden, on the success which has so far followed his effort to establish a hospital at Bromley, and trust that its future development will prove it to be one of the most useful institutions in the district.

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### BATH HOMŒOPATHIC HOSPITAL.

HEADED by a woodcut of the building, the *Bath Herald* of the 8rd ult. contains a very interesting historical sketch of and account of observations made during a visit to the Bath Homœopathic Hospital—written as the editor says for the purpose of drawing public attention to it. "We were" the writer states "particularly struck by the evident desire on the

part of all the inmates, at the time of our visit, to express their thankfulness for the efforts that were being made to relieve their sufferings, and we could not help feeling that if only this institution were better known it would appeal to the generosity of a much larger circle than it does at present."

The following account of the work being done there will be read with interest:—"Of course the hospital is only a small one, especially when compared with other institutions carrying on operations on a much more extended scale. There are altogether four wards—two female, one male, and one private—containing in all fifteen beds, and these have hitherto been under the charge of a matron and one nurse, but the nursing staff is a feature in connection with the institution to which we shall presently refer. Many of the cases which are admitted are of an extremely difficult character, in several instances being cases which have been in other hospitals, and have been discharged as incurable, in fact, the medical officers are only too willing to undertake the most difficult cases they can get. Moreover, it should be understood that the patients are not necessarily homœopaths; no distinction of any kind is made in the admission of sufferers, indeed, when we inspected the wards a week or so ago we found that all the patients in one of the female wards were patients who had left or had been discharged from the Royal United Hospital, while one in the other female ward said she was a discharged patient from Guy's Hospital, and willingly acknowledged the benefits she had received during her visit to the institution which we are now describing. Another patient came from Wales, another from Gloucestershire, and all, it must be said, displayed great cheerfulness and showed how highly they appreciated the kindness and attention shown to them by doctors, nurses and visitors. The wards themselves, too, are bright and cheerful, and those at the back of the premises, as anyone who knows the situation will understand, command an extensive and beautiful view."

Regarding the nursing arrangements the writer says—"Homœopathic hospitals have always been distinguished for their nursing system, that being one of the matters to which the greatest attention is paid by the hospital authorities, and upon which success in very many of the cases much depends. Every doctor knows what it is to have a good nurse in charge of a patient; a well trained and thoroughly reliable nurse is second only in importance to the doctor himself, Miss Florence Nightingale has spoken of the nurses from the London Homœopathic Hospital as being the best in the Metropolis, and the Bath Hospital is conducted on exactly the same system, the matron, Miss Florence Hampshire, having

come to Bath from the London hospital, and a most valuable acquisition to the hospital she has proved to be. The system consists in training nurses and qualifying them to attend sick persons in their own homes. None but ladies are accepted for this purpose, and they are engaged for three years. Of course at first they are only probationers, but when they have been at the hospital a year they go out private nursing, the reimbursements for which, going to the hospital, practically pay all the salaries required for the nursing staff. In this way it will be seen that all the salaries connected with the institution are provided for, and the whole of the subscriptions are available for the actual maintenance of the sick poor. The first year of the new system has worked very successfully; there is a great demand for the nurses for private cases, so that it is hoped in time this branch of work will bring a still greater amount of grist to the mill."

Energetically, zealously, thoroughly and, withal, economically managed, we are sure that Bath Homœopathic Hospital will flourish. We are also glad to be able to state that Dr. Percy Wilde, one of its medical officers, has promised, early in the coming year, to publish some of the clinical observations made in its wards in this *Review*.

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### LONDON HOMŒOPATHIC HOSPITAL.

THE number of Patients admitted into the London Homœopathic Hospital during October has been 60: the number admitted during the seven months ended 31st October has been 437, against 416 in the corresponding period last year. The Out-Patients for the same period numbered 5,445 against 4,978 in the same period of the previous year. Twenty-six trained nurses from the hospital are engaged in nursing patients at their residences, and we learn that applications for nurses can still be responded to.

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### THE VICTORIA DANCES.

THE first of the six private subscription dances to be held this winter in aid of the funds of the London Homœopathic Hospital took place on Tuesday evening last, under the patronage of La Marquise de Saliceto, the Countess of Chichester, the Countess of Morley, the Countess Sydney, the Countess de Torre Diaz, the Viscountess Emlyn, and other distinguished ladies, at the Westminster Town Hall. The Anglo-Hungarian Band (scarlet uniform) was in attendance.

The next dance will take place on Friday, the 14th inst, and will begin at nine o'clock punctually, terminating at one. Mr. G. A. Cross, the secretary, at the hospital, Great Ormond Street, offers all details on application.

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### HOMŒOPATHY IN SWITZERLAND.

IN a letter received a few days ago from Dr. Roth, he informs us that he attended a meeting of the Association of Swiss Homœopathic Practitioners held at Olten on the 11th ult., having been invited to do so by the President, Dr. Schädler, of Berne, who was one of the members of the International Homœopathic Medical Convention held at Basle in 1886. This Society was established in 1856 by Drs. Zopfi Krieger and Brückner. For fifteen years, Dr. Schädler has been the President. Two meetings are held during the year, one in spring, extending over a day and a half, and the second during the autumn, which lasts half a day. On these occasions papers are read on some previously announced subject, usually of a therapeutic character. Discussion follows each paper. Cases which have been treated with only one medicine are then reported, and afterwards others where more than one medicine has been prescribed.

On the occasion when Dr. Roth was present, Zurich Berne, Basle, Arrau and several minor places were represented. Olten, though a small town, is a junction station for several lines of railway, and therefore convenient for many members. Dr. Fries read a paper on Eczema, which is to appear in the *Allgemeine Homöopathische Zeitung*. Dr. Roth assures us that our Swiss colleagues are physicians of a thoroughly scientific character, and very zealous homœopathists, and that those who have patients going to Switzerland can with confidence entrust them to their care.

He also tells us that some English patients have followed him to his retirement at Divonne, and that although no longer in active practice he is "not without work." This we can easily believe, as Dr. Roth "without work" would certainly be an anomaly.

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### THE ENCYCLOPÆDIA OF DRUG PATHOGENESY.

THOUGH attempts have been made by the representatives of a certain section of homœopathic physicians in the United States to discredit *The Cyclopædia of Drug Pathogenesis*, the real worker in, the genuine student of *Materia Medica* values it highly. Thus Dr. van Denburg, who read a paper on *The*

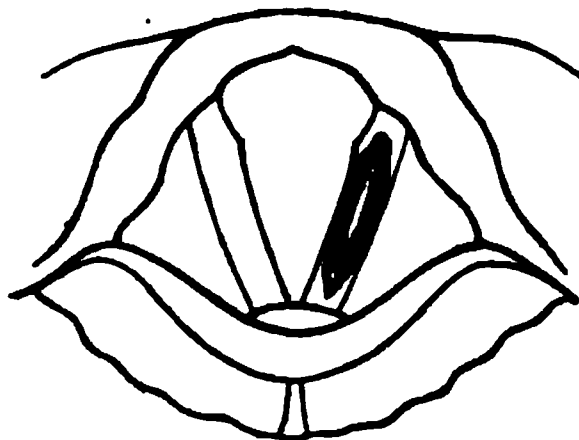


*Sources of the Symptomatology of Belladonna*, at the annual meeting of the New York State Homœopathic Medical Society in September, having referred to the works of Hahnemann, Hering and Allen, described *The Cyclopædia of Drug Pathogenesis* as "the only source where the student may learn the four greatest points necessary to the clear comprehension of drug pathogenesis:—*First*, time of appearance; *second*, concomitance; *third*, sequence; *fourth*, the relation of symptoms to the dose. A comparison of the different provers (upwards of thirty in all) also shows the value of personal idiosyncrasy, in which no drug has a greater variation than *belladonna*. This is the only work at present accessible to everyone that shows clearly the physiological action of the drug. It is impossible to construct a physiological drug pathogenesis that shall correspond to actual facts and demonstrable proof from any other. All the four points mentioned are as inextricably mixed in other sources as peas, corns, beans and wheat poured together through a winnowing mill."

#### CYST OF VOCAL CORD.

In a recent number of the *Lancet*, Dr. Charles W. Hayward, of Liverpool, published the details of the following interesting case:—

"While attending the clinics of Professors Schrötter and Schnitzler in Vienna, I had the good fortune last December to have assigned to me for treatment a patient who had come to the clinique of the latter professor. She was about forty-three years of age and of healthy appearance, but her voice was markedly affected with a harsh hoarseness. This, she stated, had first commenced rather more than six months previously, and had gradually got worse. On examining the larynx, the parts were found normal with the exception of the left true cord, which showed a large cyst. (See woodcut.) This cyst occupied the middle three-fifths of



the cord for its entire breath, and was rounded, sloping off at the ends, and at the middle being about one-eighth of an

inch in thickness. It presented a translucent slightly striated appearance, and during phonation was seen to interfere seriously with the accommodation and vibration of the cord.

“The treatment adopted was as follows:—Having painted the throat with a 10 per cent. solution of cocaine, I incised the cyst with Schrötter's guarded intra-laryngeal knife. A clear mucus-like fluid exuded. I attempted to obtain some of this for microscopical examination. I introduced a brush and pressed the contents out of the cyst, but, owing to the gagging of the patient, the examination was not reliable, the specimen obtained consisting of ordinary mucus secretion and some blood. I then by means of Schrötter's pincette, pulled away the cyst wall, and then touched the site of the cyst with solid nitrate of silver. On returning next day, the patient stated that the pain had been very slight and that she felt the throat improved. The site of the cyst was occupied by a white eschar from the nitrate of silver. The larynx was pencilled with nitrate of silver solution (10 per cent.). The pencilling was repeated for a few days with a weaker solution (5 per cent.), and by about the fifth day the white eschar was gone and the cord getting to look normal again. For three or four days the pencilling was made with chloride of zinc (chloride of zinc, 16; distilled water and glycerine, of each 240) instead of the nitrate of silver, and in about a fortnight the patient returned to her home with the hoarseness almost entirely cured.

“The case excited great interest among the English and American doctors attending the clinique, and they will no doubt remember it should they peruse these notes, as they watched its progress all through, and envied me the good fortune of securing such a case.”

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### THE COMPARATIVE ANTISEPTIC VALUES OF VARIOUS CHEMICAL SUBSTANCES.

In a paper on *The Comparative Antiseptic Values of Various Chemical Substances*, lately read by Mr. C. T. Kingzett before the Society of Chemical Industry, three series of experiments were described, the first being a complete repetition of those formerly communicated to the society concerning the antiseptic values of chlorides, nitrates, and sulphates, in respect of extract of beef containing a little under 2 per cent. of total solid constituents. The results confirmed the previous ones, and it was shown that these compounds of the alkali metals have little value as antiseptics; those of the alkaline earths are not much

better, while those of manganese, zinc, tin, iron, lead, and aluminium had a decided value, and the compounds of copper and mercury were the best so far as they were applicable. Perchloride of mercury was placed at the head of the list.

The second series of experiments included trials with selected chlorides, nitrates, sulphates and "salufer," (fluosilicate of sodium) "sanitas," "bactericide." A saturated solution of salufer ranked equally with the solutions of sulphate of aluminium and chlorides of lead and tin. Mixtures containing 10 per cent. and upwards of ordinary "sanitas" fluid remained intact collaterally with the test mixture containing "bactericide" and the chlorides and the sulphates of copper and mercury, the author therefore, insisted upon the great value of "sanitas" as a disinfectant for popular and medical use, being wholly innoxious and thoroughly reliable, 10cc. being equal in antiseptic effect to 5cc. of a 5 per cent. solution of corrosive sublimate. Incidentally, he called attention to one deficiency of perchloride of mercury as a disinfectant—viz., its want of "power of oxidation." While it killed all micro-organisms—germs and spores—it had no effect upon the toxic products which they elaborated, and which were frequently, therefore, associated with them; and it was this view that has led Mr. Kingzett to introduce his "bactericides"—a series of preparations containing definite percentages of substances of ascertained antiseptic value, as determined by himself, dissolved in a strong solution of peroxide of hydrogen.

The third series of experiments related to some of these compound solutions and other mixtures which had been tested in course of their preparation. Some of the results were of great interest. It was observed, for example, that borax when neutralised with boric acid was not such a good antiseptic as ordinary borax, although boric acid itself was superior in that substance. Chloroform, although antiseptic in character, was not so good as lately represented in some medical papers. Chloral had a pronounced antiseptic value, so had the bisulphate of potassium. Sulphate of quinine, dissolved in a slight excess of sulphuric acid, acted much more potently as an antiseptic than the disulphate of quinine, a result which Mr. Kingzett attributed to the free acid—indeed, the influence of the acid reaction was very evident, and acetic, oxalic, sulpho-phenic, and hydrochloric acids had all powerful antiseptic properties. Sodium benzoate, ether, caustic potash, and chlorate of potassium exhibited comparatively little antiseptic value.

In reviewing the whole results, and after indicating the probable value of many of these substances and compounds

in medicine, the author called attention to the usefulness of the general results, remarking that when a so-called new disinfectant was brought out, it would be only necessary to ascertain its composition and then refer to his tables to determine its approximate value. For instance, he adduced kamphorkalk, a mixture of the chlorides of sodium and calcium with a small proportion of camphor, and said its antiseptic value could not exceed in any material sense that of its constituent saline bodies, which, as judged by his results, was comparatively insignificant.

### FLUOSILICATE OF SODIUM.

SINCE the antiseptic properties of fluosilicate of sodium were discovered and brought before the meeting of the British Association in 1887, by Mr. Thompson, some very interesting experiments have been made in America by Dr. Conrad Berens, of Philadelphia, and published at some length in the *Therapeutic Gazette* for July last. This author has found that vegetable and meat infusions containing bichloride of mercury (1 to 1,000), and those containing carbolic acid (1 to 40) were not proof against the inroads of bacteria, while similar solutions, under identical circumstances, and containing fluosilicate of sodium (1 to 1,000) remained untainted. The latter solutions, after four months' exposure to the air, have shown no signs whatever of bacterial life. If such results as these be confirmed by further experiments, fluosilicate of sodium will certainly rank as one of the most wonderful of chemical products. We have no space here to follow the author named throughout the numerous tests to which he has put the new antiseptic, but must refer to the publication quoted above. Dr. Berens concludes without hesitation that fluosilicate of sodium, which is practically a harmless salt, has been shown to be more efficient as an antiseptic than either bichloride of mercury or carbolic acid used in such doses as are not harmful or dangerous. Moreover, the fluosilicate is extremely efficient, he says, in inflammatory conditions of the mucous membranes. In conditions associated with the production of pus and the results of fermentative processes, it appears to act with prompt and harmless efficiency. The author concludes his paper in the following words:—"The more extended clinical use of the drug (fluosilicate of sodium) will, I believe, go to add further support to the evidence of its promptness and efficiency. These are reasons sufficient for calling the attention of the medical profession to this compound."—*The Monthly Magazine of Pharmacy*.

### BACTERIA OF PUTRESCENCE.

In the multiplicity of evils that are attributed now to the operations of bacteria, there is a danger that beneficial services possibly rendered by some kinds may be overlooked. In a recent communication upon the subject (*Pharm. Centralh.*, Oct. 25, p. 529), Dr Weibel speaks of a class of "putrescence vibrios" which develop in substances that have already passed into a state of offensive putrescence under the influence of other microbes, the putrid products of the latter, in fact, affording nutriment to the former. Such putrescent products, he points out, are for the most part directly poisonous to the human organism, and it is of great hygienic interest that their breaking up should be the work of another set of microbes; that in fact there is a class of vibrios whose rôle it is not to give rise to putrid products, but to do away with them. Dr. Weibel also found that these vibrios have the power of developing in very dilute nutritive solutions, where they hold their own with other bacteria, and he thinks that the self-purification of streams may be a result of their activity.—*The Pharmaceutical Journal of Transactions*, November 8rd, 1888.

### LEAD POISONING.

POISONING by lead contained in the water supply of Sheffield appears to be very frequent. A few weeks ago Dr. Thomas, the senior physician of the Sheffield Hospital, delivered a clinical lecture on this subject, which subsequently appeared in the *Lancet*, and from which we make the following extract:

"You must not expect to find your patients complaining of symptoms evidently pointing to lead as the cause—as those of lead colic, for instance; nor do we frequently meet with the paralysis of certain muscles of the upper or lower extremities. On the contrary, the symptoms generally complained of are vague, and, unless you are careful, you are, indeed, apt entirely to overlook the presence of plumbism. Some will complain of pains in the abdomen of a griping character, sometimes in the right iliac or umbilical regions, at other times in the epigastric or left iliac. Others will suffer much from excessive vomiting, to such an extent that nothing can be retained. Some, again, complain little of abdominal symptoms, but have pains in the legs, thighs, hips, knees, arms, and back, with also a feeling of muscular weakness. Indeed, these pains are generally looked upon by the patient as being of a rheumatic or gouty character. Some I have seen who have had symptoms frequently met with in cases of

advanced chronic alcoholism, or serious disease of the nervous system from other causes.

“ I shall now describe for you the symptoms generally met with in cases of plumbism, and I think that a due consideration of them will enable you in the majority of instances to form a good opinion. The tongue is coated, the breath unpleasant, and there is a disagreeable, sweet, metallic taste in the mouth. Digestion is interfered with ; there is pain, flatulence, acidity, or sickness, which in some cases is exceedingly severe, reducing the strength of the patient to a great extent. The bowels are very costive, and griping pains are complained of, which may be slight, but in some instances are exceedingly acute. There is a desire to pass urine more frequently than usual, and this is more evident in the night than during the day ; this urine is generally high in colour, and often contains albumen ; the quantity secreted is less than in health. The functions of the uterus are interfered with. I have met with cases of amenorrhœa and menorrhagia where, I believe, the presence of lead has been the cause. Cases of abortion at an early date have been put on record, some as early as at about the eleventh week. The nervous system generally suffers very much. There is mental languor, occasionally mental confusion or other cerebral derangement. There are pains, often very severe, in some of the joints or in any other part of the extremities, in the back, in the side of the chest, in the head, or elsewhere ; and these may be of a neuralgic or rheumatic character. The skin is pale, and often of an earthy hue, generally speaking dry. In severe cases we meet with paralysis of the extensors of the forearm (of which I have seen one from drinking water), paraplegia, and other paralyses. With these symptoms there is the blue line to be seen along the edge of the gum, and there is also lead to be found in the urine. With regard to the latter, I have always, whenever I have had any doubt, or wished to make a case complete for other purposes, got my friend, Mr. Allen, the borough analyst, to examine the urine for me. You will often experience a difficulty in finding the blue line when you look for it. Very frequently it is absent entirely in front, and can only be seen when the cheek is hooked back, and then it will be seen at the edge of the gum by some of the molar teeth. I have met with one or two cases where it has been entirely absent in front, and only been visible on the inner side of the teeth, at the edge of the gum of course. You can see it in this locality by the aid of a good light, and by making the patient open the mouth to its full extent, or by the aid of a little mirror like that which dentists use. This line is believed to be formed by the action of sulphuretted hydrogen upon the fluids

in the gum, which contain lead, the sulphide of lead being the result, and this remains there as a deposit. The sulphuretted hydrogen is the result of the decomposition of minute particles of food, which so frequently rests in that space between the gums and the teeth; but some maintain that the sulpho-cyanogen of the saliva acts upon the lead in the tissues of the gums.

“ Now I have described for you the ordinary symptoms, I will just say a word or two about the pathology of the disease. The poison, when introduced, accumulates in the system, and has been found in the brain, spinal cord, and nerves, in all the organs—as the heart, the lungs, liver, spleen, and kidneys—and in other tissues; and, wherever found, the tissues in which it has been deposited have invariably undergone some change. The cell elements in muscle entirely disappear, and nothing is left but fibrous tissues, sometimes in excess, so the muscle atrophies. Certain changes of a degenerative or other kind are to be seen in the brain, the spinal cord, and in the nerves themselves. Sometimes there is hyperplasia of the fibrous tissues of these parts as well, but this has been most frequently met with in the sympathetic nerves.”

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### A NEW JOURNAL.

WE learn from *The New England Medical Gazette* (November) that Drs. Norton and Deady, of New York, are the editors of a new quarterly periodical to be published by Messrs. Chatterton & Co., entitled *The Journal of Ophthalmology, Otology and Laryngology*. To render the journal one of practical utility the immense mass of material found at the New York Ophthalmological Hospital will be fully utilised. Especial attention will be devoted to the development of homœopathic therapeutics, and the clinical verification of old and new remedies. It will contain 400 pages, and be issued at \$3 per annum.

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### OUR REVIEW.

THE Editors of this *Review* have much pleasure in stating that they will in future have the co-operation of Dr. E. A. NEATBY, Assistant Physician to London Homœopathic Hospital, of 181, Haverstock Hill, in its management.



## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We greatly regret that we are again, owing to the unusual demands upon our space this month, compelled to postpone the publication of the concluding part of Dr. MASON's paper on *Phimosis and its Reflex Disorders*.

We are requested to state that Dr. ABBOTT, of Wigan, has removed to Exeter.

Communications, &c., have been received from Dr. COOPER, Dr. JAGIELSKI, Dr. E. A. NEATBY, Mr. KNOX SHAW, Mr. KINGZETT, and Mr. G. A. CROSS (London); Dr. HAYWARD, Dr. C. W. HAYWARD, and Dr. CAPPER (Liverpool); Dr. MADDEN (Bromley); Dr. NICHOLSON (Clifton); Dr. ROTH (Divonne); Dr. BARTLETT (Philadelphia), &c.

## BOOKS RECEIVED.

*Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World.* Edited by C. E. Salous, M.D., and seventy Associate Editors, &c. Five volumes. Philadelphia and London: F. A. Davis. 1888.

*A Text Book of Gynæcology Designed for the Student and General Practitioner.* By A. C. Cowperthwaite, M.D. Chicago: Gross & Delbridge. 1888.

*Auxiliary Methods of Cure.* By Donald Baynes, M.A., M.D. London: Simpkin, Marshall & Co.

*The Evolution of Morbid Germs.* By Kenneth Millican, B.A., M.R.C.S. London: H. K. Lewis.

*Delamar's Fetish: A Story of the Riviera.* London: Field & Tuer.

*Thirty-Sixth Annual Report of the Manchester Free Libraries.* 1887-8.

*The Misrepresentation of Homœopathy.* By T. Nichol, M.D. Montreal: Drysdale & Co. 1888.

*The Homœopathic World.* November. London.

*The Hospital Gazette.* November. London.

*The Illustrated Medical News.* October 27. London.

*The Chemist and Druggist.* November. London.

*The Monthly Magazine of Pharmacy.* November. London.

*Report of the Directors of Proceedings of the American Institute of Homœopathy.* Session 1888. By C. Mohr, M.D.

*The North American Journal of Homœopathy.* October. New York.

*The American Homœopathist.* October. New York.

*The New York Medical Times.* October and November.

*The Medical Record.* November, New York.

*The Chironian.* October. New York.

*The New England Medical Gazette.* November. Boston.

*The Hahnemannian Monthly.* November. Philadelphia.

*The Clinique.* October. Chicago.

*The Medical Era.* October and November. Chicago.

*The Medical Counsellor.* October. Ann Arbor.

*Bibliothèque Homœopathique.* November. Paris.

*L'Union Homœopathique.* October. Antwerp.

*Allgemeine Hom. Zeitung.* November. Leipsic.

*Leipziger Populäre Zeitschrift für Homœopathie.* November. L.

*El Criterio Médico.* August. Madrid.

*Rivista Omiopatica.* October. Rome.

*La Reforma Médica.* September. Mexico.

*Revista Argentina de Ciencias Medicas.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POTT Church Road, Tunbridge Wells; Dr. D. DYCE BROWN, 29, Seymour Street, Port Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street.









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